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1940!

A Greeting for the New Year

GRACE M. FAIRLEY

President, The Canadian Nurses Association

A Happy New Year! — how kind Nature was when she bestowed on us that great gift of Hope.

Never was it more necessary to keep alive our Faith — the conviction of things not seen. With faith we stand on the threshold of another year — a fervent prayer in our hearts and on our lips that Peace may come to our Empire and this war-torn world.

You remember Barrie's delightful rectorial address at St. Andrew's University when he said: *How comely a thing is affliction borne cheerfully, which is not beyond the reach of the humblest of us.*

Because of this national tragedy — our tragedy — the New Year offers such opportunity of service to us all. Let us meet it with hope, courage, and the will to make the greatest possible contribution to nursing.

We have much to feel happy about, we hope to meet at Calgary in June to renew professional friendships, to improve professional standards, to give assistance to professional organizations. This is a great privilege, and surely a reason for saying with gratitude and affection, *A Happy New Year!*

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A Letter to the Prime Minister of Canada

Prior to the meeting of the Executive Committee of the Canadian Nurses Association which was held in Vancouver, British Columbia, on December 2, 1939, the President obtained the approval of the Provincial Associations of Registered Nurses to offering to the Prime Minister of Canada the services of the Canadian Nurses Association in any way possible during the present crisis. Shortly after that executive committee meeting the following letter was addressed to the Prime Minister:

To the Right Honourable
W. L. Mackenzie King,
Prime Minister of Canada.

Sir:

At a meeting of the Executive of the Canadian Nurses Association held in Vancouver on December 2 (the first to be called since the declaration of war), I was asked to convey to you the assurance from this organization of its loyal support to the Federal Government in any way possible at this time of crisis and distress in the history of the Dominion.

The Canadian Nurses Association, which is a federation of the nine provinces and represents 15,600 registered nurses in the Dominion, is giving serious thought and consideration to the maintenance of all health services as well as to the preparation of nurses for overseas duty. We therefore hope that you will utilize the services of this Association in any matter relating to nursing or to community health, realizing that this declaration of loyalty is made at the request of the nine Provincial Nursing Associations of Canada.

Yours faithfully,

GRACE M. FAIRLEY,
President,
The Canadian Nurses Association.

A Gracious Response

In response to this expression of loyalty and devotion the Prime Minister replied as follows:

Miss Grace M. Fairley,
President,
Canadian Nurses Association.

Dear Madam:

The Prime Minister has asked me to acknowledge and thank you warmly for your letter of December 7th, assuring the Government of the loyal support of the Canadian Nurses Association at this time of crisis and distress in the history of Canada.

Mr. King wishes me to let you know, on behalf of himself and his colleagues, that this declaration of loyalty is a source of great strength and pleasure to him at this time.

Yours faithfully,

A. R. L. HEENEY,
Private Secretary.

An Eight-Hour Day for Patients

BEATRICE L. ELLIS

"Possibly when shorter hours for hospital nurses are obtained, we shall alter the traditional 'on duty' hour of 7 a.m., not only for the nurses' benefit, but, which is of greater importance, in consideration of the patients who, in many instances, are wakened too early." This remark, made at a Hospital Convention, aroused some comment and led to inquiry into the present practice in the nursing world regarding the routine for night nurses, including the hours of sleep which this provides for patients, the nurses' hours and their special morning duties. Through the courtesy of the Department of Hospital Service of the Canadian Medical Association, and of Miss D. C. Bridges, resident tutor, Florence Nightingale International House, information was summarized from thirty-two Canadian hospitals, two English hospitals and from reports of eight international students concerning their particular hospitals.

It is of interest to remember that one of the first persons who expressed a conviction that patients were wakened too early was the Matron of the Middlesex Hospital, in London, England, in an article which appeared in "The Lancet", in 1929. The present night schedule at this hospital is:

6 a.m., Only four-hourly treatment and four-hourly charts are to be done.

6.30 a.m., Women's ward — sanitary round, care to backs of helpless patients, and mouth washes given.

6.45 a.m., Men's ward — sanitary round, care to backs of helpless patients, and mouth washes given.

No patient is to be wakened before breakfast, except for treatment ordered, and necessary sanitary requirements.

7 a.m. Lights on, and breakfast.

7.25 a.m. Day nurses come on duty and do all washings, charts, etc.

8 a.m. Night nurses report, and go off duty.

10 a.m. Ward is now tidy and is open to House Officers, etc.

Internationally, reports from eight representative hospitals in Australia, China, Denmark, Finland, Holland, India, Sweden and the United States reveal the following practice regarding the night routine for public wards:

Lights out:
At 8 p.m. in 5 hospitals
At 9 p.m. in 1 hospital
At 9.30 p.m. in 1 hospital
At 10 p.m. in 1 hospital

Hours when patients are awakened:
From 4 a.m. to 6.30 a.m. in 1 hospital
At 5 a.m. in 4 hospitals
At 6 a.m. in 2 hospitals
From 6.30 a.m. to 7 a.m. in 1 hospital

Night nurses report for duty:
At 7 p.m. in 1 hospital
At 7.50 p.m. in 1 hospital
At 8 p.m. in 2 hospitals
At 9.30 p.m. to 11.30 p.m. in 4 hospitals.
In the last mentioned category it is evident that eight-hour schedules obtain.

The majority state that night nurses are off duty at 7 a.m., although three hospitals (two of which have the eight-hour system) report that the night nurses are off duty at 7.30 a.m.

Day nurses report for duty:
At 6.30 a.m. in 1 hospital
At 7 a.m. in 6 hospitals
At 7.30 a.m. in 1 hospital

The morning duties of night nurses vary exceedingly and range from none

at all (except necessary operative preparations in two hospitals) to temperatures; sanitary rounds; washing patients' faces and hands; some dressings; 4 a.m. tea; 5 a.m. breakfast; and other nourishments. The majority include sanitary rounds and washing patients. Where numerous duties are required, the night staffs are presumably larger.

From twenty-one Canadian hospitals, replying to the questionnaire issued by the Department of Hospital Service, the following information was obtained:

Lights are out in the public wards:
At 8.30 p.m. in 2 hospitals
At 9 p.m. in 14 hospitals
At 9.30 p.m. in 3 hospitals
At 9.50 p.m. in 1 hospital
At 10.30 p.m. in 1 hospital

Hours when public patients are awakened:
At 4.30 a.m. in 1 hospital
At 5 a.m. in 5 hospitals
At 5.30 a.m. in 4 hospitals
At 6 a.m. in 8 hospitals
At 6.45 a.m. in 1 hospital
At 7 a.m. in 2 hospitals
At 7.15 a.m. in 1 hospital

Private patients are usually awakened from 7 a.m. to 7.30 a.m. except in two Scandinavian hospitals where the time extends from 7 a.m. to 9 a.m.

Day nurses report for duty:
At 6.55 a.m. in 1 hospital
At 7 a.m. in 17 hospitals
At 7.15 a.m. in 1 hospital
At 7.30 a.m. in 3 hospitals.

Night nurses report for duty:
At 6.55 p.m. in 1 hospital
At 7 p.m. in 16 hospitals
At 7.05 p.m. in 1 hospital
At 7.30 in 2 hospitals
At 11 p.m. in 1 hospital
At 11.30 p.m. in 1 hospital.
The hospitals in the two latter categories maintain an eight-hour schedule.

Night nurses go off duty:
At 7 a.m. in 16 hospitals
At 7.20 a.m. in 2 hospitals
At 7.30 a.m. in 4 hospitals

Three of these hospitals have an eight-hour schedule, one employs a graduate staff, one has a group of graduate nurses on duty from 3 p.m. until 11.30 p.m.

In hospitals associated with medical schools, where staff rounds commence at 9 a.m., it appears necessary to serve breakfast at 7 or 7.30 a.m. Whether or not these patients obtain sufficient rest must be determined by the medical profession. It is felt by some that with wards quieting early, wakening correspondingly early is not detrimental and also that the majority of these patients are accustomed to retiring and arising early and desire early breakfast after the 5 o'clock supper the previous day.

The time for wakening patients will largely be determined by each hospital's routine and by the number of nurses, orderlies, and other workers who are available for night duty. It has been found, however, that without increasing the staff, but by re-arrangement of the work, much more consideration can be given to patients, allowing those who wish to do so, to sleep at least until 6 a.m. or even in some instances until 6.30. For instance, on large wards of thirty-eight patients, the day and night nurses were permitted to take one-half of the "b.i.d. temperatures" between the hours of six and seven in order to facilitate the work of the staff who subsequently came on duty to relieve them. Although it is obviously fallacious to chart observations made at such an early hour as "eight o'clock temperatures", there is a moral, namely that systematic analysis of actual practices frequently leads to reform.

Formerly, the night nurses and or-

derlies were held responsible for having patients washed before 7 a.m., the nurses always caring for the helpless ones. Now, this service for the seriously ill and for those unable to feed themselves is the responsibility of the day staff, the head nurse leaving a list of these to be checked in the morning with the night nurse. The preparation for breakfast of private and semi-private patients is included in the day nurses' duties. The collection of twenty-four hour specimens of urine is now concluded at 8 a.m. instead of 7 a.m. thus placing the responsibility for preparing laboratory specimens on a member of the day staff.

And what of the nurses? Is it essential that we continue to have the day of hospital nursing staffs, including students, commence at 7 a.m.? Might we transfer some of the nursing load to the late afternoon and early evening by correspondingly adjusting our nursing staff, considering, of course, our lecture schedules, or provide for the overlapping of the nursing personnel at necessary periods?

The most convincing argument for further consideration of the subject should come from the patients and the following observation of a "Militant Sufferer", published in *The American Journal of Nursing*, forcefully expresses their opinion: "Every morning between five and six, as all patients are wakened —I marvel at the hospital schedule. Does it still persist in all hospitals—this "Five a.m. Scandal"? It seems barbaric to me, and entirely contradictory to 'the patient always comes first' theory. Is there any real reason why things couldn't be managed to let a sick person sleep? I am getting sufficiently enraged now to start a crusade for an eight-hour day for patients."

Public Health in Newfoundland

SYRETHA SQUIRES, R.N.

Before the reader can grasp the significance of what the new plan for public health nursing can mean and how much progress can be expected in a given time, she must be acquainted with the geographical position of Newfoundland and of the conditions under which the majority of the people live. Newfoundland is an island off the north-east coast of North America and separated from it by the Gulf of St. Lawrence. The population, now about 300,000, is for the most part scattered along more than four thousand miles of coastline. Small villages and coves, with populations of less than a hundred people, are separated from one another by distances of twenty or more miles. St. John's, the capital city, has a population of 40,000, and along the railroad, which runs east to west across the Island from St. John's to Port aux Basques, there are several prosperous "paper" towns and also a few mining centres which provide earning power for their respective areas. Elsewhere on the Island the people make a precarious living by fishing and, as previously men-

tioned, the villages are widely separated from each other. Their only connection with the outside world is a weekly or fortnightly visit from a coastal steamer which brings them mail and supplies. The scenery is beautiful, wild and rugged, and there is a strange fascination about the treacherous rocks and bold headlands, moaning foghorns and screaming gulls.

The Department of Public Health and Welfare is responsible for the public health and maintenance of hospitals, the care of the indigent sick and the distribution of relief. The scattered nature of the population makes it extremely difficult and proportionately costly to maintain efficiency and satisfaction in any public service.

It was in November, 1937, that the Department decided to set up a Public Health Nursing Service. There already was an excellent District Nursing Service, partially staffed by nurse-midwives from England, and in charge of a certified nurse-midwife. It was apparent, however, that more emphasis was needed on the teaching of health principles to people in their homes, especially in relation to the prevention of tuberculosis. This disease is a major problem in Newfoundland and is the highest single cause of death. The present set-up comprises four services: anti-tuberculosis service; communicable disease control; school health programme; Junior Red Cross.

Anti-Tuberculosis Service: As tuberculosis has been, is now, and will for some time continue to be a major health problem in Newfoundland, the set-up of this service was, of necessity, paramount. It was tackled by dividing the city into three districts—east, west and central—and placing a nurse in each. The names of suspicious or positive tuberculous cases were obtained from the doctors at the general clinic, which is under the direction of the Department of Public Health and Welfare. Private physicians also sent in the names of cases known to them. As the home is the place where tuberculosis both begins and spreads, the home became the point of concentration in this work. Cases were visited and contacts were examined and classified. Recommendations made by the doctors were explained and emphasized during the visits.

Another potential source of new cases is the patient who is discharged from the Sanatorium for supervision at home. Fortunately there is a very close co-operation between the Sanatorium and the Public Health Nursing Service, which lightens our work considerably. An extension is now being made to this institution which will give more bed-capacity, but the hope of providing institutional care for all cases is still remote. It will be many years, if ever, before that happy state of public health will be achieved when we shall be looking for patients instead of vainly seeking accommodation for them.

School children are being made the focus of a special search for tuberculosis. By means of finding cases in the schools it has been possible to discover older patients also suffering from the disease. Teachers-in-training undergo an X-ray examination and cases have been found, some far advanced, others minimal, and Sanatorium care is arranged for them when possible.

Communicable Disease Control: Communicable disease control consists of trying to trace the source of all communicable diseases that appear; the taking of cultures; tuberculin testing; vaccination; administration of toxoid; venereal disease control. As there is an excellent Fever Hospital, with the most modern equipment, there is very little bedside nursing of communicable disease cases. All dismissals from this hospital

A typical Newfoundland fishing village where the hardy people earn their living almost entirely from the products of the sea.

Courtesy of the Newfoundland Tourist Development Board.

are followed up to ensure proper care and rest. A toxoid service was opened recently, in which the nurse visits children who are six months old and encourages the parents to accept this preventive measure. Venereal disease control consists of four weekly clinics and some follow-up work in the homes.

School Health Programme: This is perhaps the best organized service as the work had been going on for some time before the Department of Public Health took it over. There are 10,000 pupils in St. John's and the aim is to examine all beginners, but because all the older children had not previously been examined and therefore needed attention it has taken a little time to get the system working. At present beginners are examined by the school doctor, and also other children with defects, especially those brought to the doctor's attention by the nurse or the teacher. The adolescent group is carefully watched for symptoms of tuberculosis. An important part of the public health nursing programme is the follow-up of defects. The Snellen E. Symbol Chart is used for vision tests, and the Politzer Acoumeter for hearing tests.

Junior Red Cross: The work of the Junior Red Cross is proving invaluable as time goes on, especially in the more isolated sections of the country. There are 1,007 branches and 33,670 members. The Junior Red Cross organizer recently attended The Canadian Red Cross convention at Toronto and the excellent co-operation and advice of Miss Jean E. Browne, National Director of the Junior Red Cross in Canada, is often sought.

Junior Red Cross is the spearhead of public health and the effect of its teach-

ing is noticeable already. Recently, in one school where there was a dilapidated outside toilet, the childen were so impressed by the necessity for proper facilities that they got together and put on a Junior Red Cross concert. From the funds thus obtained, wood was bought and the older boys built a sanitary toilet that is the envy of all nearby schools.

New Projects: A travelling health unit has been set up and already the caravan has moved out to its first area. Attention is also being given to the training of nurses in public health principles. Because public health teaching and health education are recent innovations in this country, much spadework has to be done, and an endeavour made to keep up with the present trend. In a recent article, someone referred to "shoe-leather epidemiology," and there has been plenty of this in Newfoundland. We look for advice to more experienced people, working in other places, and suggestions from Canadian nurses are welcome. If this public health nursing infant is to thrive and grow as it should, it must be fed with the best of public health food.

EARLY DIAGNOSIS OF PREGNANCY

There have been many techniques introduced for the laboratory diagnosis of pregnancy, but the first satisfactory method was that of Ascheim and Zondek. Unlike most new technical methods, the Ascheim Zondek Test rapidly came into general use, and now after almost ten years' experience in all parts of the world of its use, ample evidence has been obtained which fully confirms the early promise of this valuable technique.

The Ascheim Zondek reaction is extraordinarily accurate, records of many thousand tests show an error of less than 1½ per cent., which compares very favourably with other well-established laboratory methods of diagnosis. This small margin of error must, however, not be entirely dismissed; it means in the average 15 wrong reports in every thousand cases. Positive results may be obtained as early as 14 days after intercourse, though in general the test may be said to be reliable from one month after conception until delivery.

The principle of the test depends upon the increased excretion in the urine of a hormone from the anterior lobe of the pituitary gland. Though this hormone is always present in urine in small amounts, it is only in pregnancy that it is in sufficient amount to bring about the typical changes in the test animals. In the Ascheim Zondek Reaction immature female mice are used. When they are injected with a urine containing increased amounts of this hormone, (as is the case in pregnancy) typical changes occur in the ovaries in a few days; with the Friedman Test, rabbits are used in the place of mice.

Satisfactory results very largely depend upon proper collection of specimens, and though positive results may be obtained from specimens collected at any time of the day, it is highly desirable to send morning specimens of urine. Though no strict dietary preparation of the patient is necessary, overnight restriction of the patient's fluid intake is a help in raising the concentration of the hormone, though this step need not be pushed to the discomfort of the patient. Whenever possible drugs should also be withheld for the same time, when excreted in the urine some are liable to be toxic to the test animals.

The Care of the Cardiac Child

B. Orlo MacInnes

Heart disease now occupies the dishonourable position of first place among the causes of death. Most cases of heart disease, particularly in young adults, date back to childhood and it has been estimated that 90 percent of organic heart disease can be attributed to rheumatic fever. The medical care and investigation now being carried on in the Rheumatism Pavilion of the Children's Memorial Hospital of Montreal is therefore of supreme importance. Associated in the medical direction of this service are six physicians who for the five years of its existence, have been especially interested in the care of children suffering from rheumatic infection and its various manifestations, mainly carditis and chorea.

The Pavilion is situated high up on the side of Mount Royal and therefore commands a magnificent view. A small hospital in itself, the Pavilion is isolated from the distractions of the active wards and its atmosphere is quiet and enjoyable for both patients and nurses. It is a rectangular stucco building, with a large balcony looking toward the south, and swinging windows which completely surround the ward. The interior is very bright and cheerful and the beds are painted a soft green. The other furnishings and the walls are cream-colour, which, with the brightly coloured bed-jackets of the children, create a very happy atmosphere.

The nursing staff consists of a charge nurse, one permanent general duty nurse, one post-graduate student and a student affiliate. The service provides most valuable experience for teachers and students alike. The administration of the ward is directed by the charge nurse while the teaching programme is arranged and carried on by the medical teaching supervisor and the charge nurse. The supervisor is a member of the teaching staff of the Hospital. Associated with the nursing staff, are the workers from the occupational therapy department, the recreational therapy department, the physiotherapy department, and the school teacher. Since the activities of all these workers must be adapted to the condition of the patient, consultations with the charge nurse are necessary daily.

The patients, thirty in number, range in age from two to fourteen years. Since the ward was first opened, it has been filled to capacity, probably because the incidence of rheumatic infection is much higher in temperate climates such as that of Montreal. On admission, the children are usually acutely ill and are put to bed betwen flannel blankets. During the first few days in hospital, various routine tests are performed, including urinalysis, throat culture, sedimentation rate, Wasserman test, blood count, Mantoux test, Schick and Dick tests, X-ray of the heart, and electro-cardiogram. The elevated temperature, joint pains, and general malaise soon respond to the administration of salicylates, but the subsidence of these symptoms does not mean that the disease is overcome nor preclude the possibility of a resulting carditis.

The activity of the disease is determined by the reading of the blood sedimentation rate. This test, done routinely every two weeks, is the rate at which the blood cells settle in the plasma in a given amount of citrated blood. The sedimentation of the cells is more rapid in the presence of systemic infection than it is in health, and the measure-

ment is of great value in determining the progress of infection, and for diagnosis and prognosis. The rate tends to subside rapidly in uncomplicated cases of rheumatic fever and much more slowly in cases associated with carditis. The findings associated with this laboratory test have a direct and practical application to the nursing care of these children. A high sedimentation rate means that play and other activities must be suspended and the child be kept completely at rest.

Carditis, which is the most serious manifestation of rheumatic infection, does not appear with dramatic suddenness but may have an insidious onset and continue with increasing severity during the entire course of the illness. When used in relation to rheumatic infection, the term carditis signifies the acquired inflammation of either pericardium, endocardium or myocardium. If the toxic process involves all three, a pan-carditis is the result. Unfortunately, no means has yet been found by which the activities of the causative agent can be controlled. Varying degrees of heart damage may occur and routine care is therefore directed toward "rest," thus relieving the heart of any unnecessary strain.

To persuade a lively youngster to keep quiet is no easy task and, in order to make repose less irksome, the periods are divided. In the early morning and late afternoon there must be "rest periods" of one hour each, as well as a "sleeping period" which lasts from 12 noon until 3 p.m. In addition, "relaxation periods" lasting for 15 minutes each, are required even during the hours of activity. When in the midst of a game the nurse says: "Now, children, it is a quarter to ten", it is that nurse's hope that they will stop playing and lie passive until the relaxation period of fifteen minutes is over. Many children are active because of sheer inability to keep quiet and the purpose of these periods is to give them an opportunity to acquire the habit of repose. At night, all children get nine hours of uninterrupted sleep. This is the ideal amount of rest, and to maintain it, requires unfailing tact and patience on the part of the nurse.

Since the average stay in hospital is from four to six months, various nursing problems are encountered during the waking hours. The child must be taught to be passive, but must also be kept happy and amused. He must learn the seriousness of the condition without being made over-anxious, and by means of supervised play and work must be taught to enjoy physical, mental, and emotional rest. The play and work hours are carefully graded as to time and amount of exercise, and the children are divided into three categories:

1. Those on complete bed rest; this means as near absolute rest as is possible for a child who is mentally normal and not feeling ill.

2. Those who must still remain in bed, but are allowed to sit up supported by specially constructed back-rests with attached arm rests, and with boards across the arms to support the work or game.

3. Those who have so far progressed toward recovery that they are allowed up for lengthening periods during the day.

Much of this graded bed activity is in the hands of the various workers mentioned above. The occupational therapist with her knitting, sewing, leatherwork, lamp shades and aeroplane modelling, not only provides an interest but also an occupation that may be the means of some future financial return. Then there is the recreational therapist with her quiet group games, stories, songs and play. The general education of the children is not neglected but is

Special foot boards are made to fit under the end of the mattress, sufficiently high to keep the covers off the feet. Note the adjustable bed tables which may be tilted at the desired angle. The arrangement of the swinging windows is particularly attractive.

under the direction of a capable teacher who makes daily visits to the Pavilion.

Each child is considered individually, and the amount of exercise prescribed is in ratio to the falling sedimentation rate. When this has remained normal for several readings, standard graded exercises are ordered, which are given by the physiotherapy department. These are gradually increased until the child is allowed to get up and prepared as far as possible for normal activity.

One attack of rheumatic fever predisposes to a second, and, since the initial illness is often preceded by colds or repeated tonsillar and adenoid infections, it is thought that these are the main introductory diseases, and that if they could be eliminated, the incidence of rheumatic infection would be materially lowered. To this end, the children are examined by the otolaryngologist, and given care when needed. All known foci of infection, such as dental caries and sinus infections, are also attended to.

Because these children are very susceptible to changeable weather and sudden alterations of temperature, the regulation of temperature and humidity is a real therapeutic measure. Special heating apparatus is installed in the basement of the Pavilion which maintains an average of 45 to 55 percent relative humidity, and a constant temperature of 70 to 72 degrees.

The nursing care during the acute

stage of the disease is entirely subordinated to the maintenance of the rest periods. Baths and all other measures are fitted in as seems best in the circumstances. The principal points may be summarized as follows:

The patient must be kept flat in bed except when dyspnoea is present.

He must be kept warm and should therefore be placed between flannelette sheets and should wear a flannelette nightgown and bed-jacket.

The temperature should be taken per rectum every four hours when the patient is awake.

If the temperature is high, fruit juices and nourishing fluids should be forced.

The pulse is recorded every four hours during the daytime but since the alert (waking) pulse is influenced by emotional disturbance and body activity, the sleeping pulse rate is thought to be a more accurate indication of actual heart impairment. This is, therefore, carefully recorded twice nightly.

The nurse's own movements must be quiet and the child must be taught to remain passive.

When the acute stage of the disease is over, the chronic stage begins and the care of the patient must now be modified along the following lines.

The schedule of rest periods is unaltered but activity is adjusted in accordance with his needs.

Exercise is ordered according to the ability of the heart to tolerate it. The sedimentation rate and pulse rates are used as a guide in this connection.

Temperature, pulse, and respiration are recorded twice daily and the "sleeping" pulse is observed twice during the night.

The weight is recorded weekly and the diet is carefully regulated.

Routine medication includes cod liver oil with orange juice.

During the period that the child is confined to bed, efforts are made to prevent foot-drop by means of foot boards and sand bags.

Having received the necessary care in hospital, the child is discharged from four to six weeks after all signs of active disease have ceased. By this time the sedimentation rate and pulse rate are normal, the child has gained considerably in weight and the cardiac lesion is compatible with an active life. Prior to discharge the social service worker investigates home conditions and if these are not satisfactory, further convalescent care is arranged for at the Julius Richardson Convalescent Home in Chateauguay. All patients return periodically to the special cardiac clinic in the out-patient department for a check-up and examination by the same group of doctors who followed the case in hospital. The social service department keeps in touch with all out-door cases, and the home conditions and progress are reported upon.

The etiology and pathology of rheumatic infection are obscure, and a great deal of research has been done by the attending physicians at the Children's Memorial Hospital. Reports of their observations are published from time to time, and show the vast amount of work which has been done in an attempt to provide scientific material upon which to base a final judgment.

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Facts and Fancies about Food

D. S. McEwan, M.D.

In considering the topic of diet in this age, one is confronted with a bewildering array of material calculated to influence our thoughts and actions. When we consider all the food fads and fancies that are being foisted on the gullible public by faddists and quacks, we hardly feel safe at the table. Watch the bill boards, check the food advertisements in your magazines and daily paper, and listen to your favourite radio programme and you will realize the magnitude and the "big business" of food fads.

Let me differentiate between these two groups — I consider a faddist one who believes in his ideas and tries to force his beliefs on others. A quack, on the other hand, has no personal belief in his ideas but propagates his beliefs for profit. Food messiahs all over the world peddle their products to malcontents and neurotics, and even to gullible intelligentsia, for we all have a tendency if a new symptom develops to look back on our last meal for the cause. Like Grandpa, we are inclined to say: "It must of been something I et." Very few diseases are caused or cured by diet alone and one of the greatest living English doctors has said: "To take no thought over what you eat is better than to be continually fussing about it. To be healthy, be moderate in all things — even in being moderate."

Here are some of the fads recently resurrected from the bottom of the dietary bone-heap:

"Keep on the Alkaline side."
"Food incompatibility."
"Intestinal toxaemia."
"Diets for Catarrh."

The intestinal stasis and constipation racket advises such things as bran roughage and whole wheat products. Roughage is necessary for an ostrich, but often harmful to man. Consider the effect of persistent roughage in the diet in cases of constipation caused by an ulcer, or an area of narrowing, or irritability of the bowel resulting in spasm. Another common cry is to eliminate poisons by the use of laxatives made from vegetables and fresh fruits and their extracts. In practically all these preparations the materials advertised in large letters are inert, but some purgative substance has been added.

We are all acquainted with overstatements such as "an apple a day keeps the doctor away", or "take yeast for a skin you hate to touch". There is also a lot of truth in a statement recently made that vitamins are over-emphasized, over-sold and under-vitamized. We have been led to believe that it is vitally important to our health whether we order home-made bread, apple-bread, raisin-bread, or reducing bread. Years ago the art of making bread was a home achievement and the maidens of the time demonstrated to their swains that they could use flour, rather than powder, as an extra inducement.

Another common health fad is exemplified in the vegetarian who lives on vegetables, fruit and milk. This diet is bulky and low in calories and it has been shown experimentally that animals omitting meat from their diet usually become anaemic and are not as alert. A vegetarian has been defined as a man full of wind and self-righteousness. When we hear of a new food craze or are advised about a diet likely to keep us healthy and to promote longevity,

we should think of the following poem:

Methuselah ate what he found on his plate
And never as people do now
Did he note the amount of the calory count
He ate it because it was chow.
He wasn't disturbed as at dinner he sat
Destroying a roast or a pie
To think it was lacking in granular fat
Or a couple of vitamins shy.
He carefully chewed every species of food
Untroubled by worries or fears,
Lest his health might be hurt
By some fancy dessert,
And he lived over nine hundred years.

A few general principles should be kept in mind as a basis. Water is probably the most important ingredient in our diet. We lose on an average of 2500 cc. of water daily which must be made up some way or other. Water represents approximately 70 percent of our body weight. It regulates osmosis, carries off waste products, controls body heat, and is necessary in practically every chemical reaction that goes on in the body.

Of our common foods, fresh vegetables and fruits are 90 percent water, meats are about 70 percent water, and bread about 40 percent. Our appetite, and the delicate mechanism nature has given us, tends to keep us balanced in fluids, balances the acid and alkaline ratio and also the relative proportions of carbohydrates, proteins, and fat. Aside from this, all we require are small amounts of minerals, especially calcium, phosphorus, iron, sodium, potassium, sulphur, chlorine, iodine, and aluminum, and small amounts of the vitamins. In some conditions we require extra calories, for example in long continued fever, hyper-thyroidism, and undernourished conditions. In other conditions we require less total calories than normal, for example in obesity, cardiac decompensation, and hypertension. A high mineral diet is called for in rickets, tetany, oedema, and dysthyroidism.

Again, the vitamins are probably all important in the regulation of growth. High vitamin diet is indicated in prolonged wasting diseases such as tuberculosis, typhoid fever, and chronic anaemia. They are also important in pregnancy, lactation, malnutrition, and certain skin diseases. They are required by patients who are on a restricted diet over a long period of time, as in peptic ulcer.

Vitamin A is found mainly in butter, cod liver oil, egg yolk, prunes, milk, carrots, and the leafy vegetables. It is destroyed by oxidation, by heat and by the metallic salts. It is stored in the body, especially in the liver, which means that this vitamin does not have to be taken every day. A deficiency of Vitamin A causes changes in the epithelium, especially the mucosa, and an increased tendency to infections in the respiratory or urinary tract, and is responsible for xerophthalmia and night blindness. An index as to whether or not a person is receiving sufficient Vitamin A can be obtained by the use of an instrument which tests the acuity of vision in dim light.

Vitamin B (1) is found mostly in cereals, yeast, wheat germ, nuts, fruits, leafy and root vegetables, and milk. It is also available in the crystalline form. It is easily destroyed by heat, especially in the presence of alkalines. It is not stored in the body and deficiency decreases the capacity of the central nervous system to use oxygen. It is possible that Vitamin B is a factor in anorexia and in peptic ulcer. It has been found that large doses will stop weight loss in hyperthyroidism. One-half to one ounce of cereal germ, or dried brewer's yeast, is sufficient for the average in-

dividual, but a child or a pregnant or lactating mother requires more.

Vitamin C is found mainly in the citrus fruits, tomatoes, bananas, vegetables, and liver. It is also available in the crystalline form. It is destroyed by oxidation and heat, but there is an ample quantity in the average diet. A deficiency seems to affect the inter-cellular tissue and produce capillary hemorrhages and scurvy. It is thought also to have some influence on the formation of cavities in teeth.

Vitamin D is found mainly in cod liver oil, egg yolk, liver, butter, and cream. Most foods are low in Vitamin D. It is stable to heat and oxidation and is probably the only vitamin in which an overdose is possible. It is difficult to arrive at a standard, but in the meantime 3 drams of a good brand of cod liver oil daily is considered an adequate dose. A deficiency results in rickets, delayed ossification in the epiphyses, and delayed union. In the adult, a deficiency affects bone and teeth.

Vitamin E is found mainly in fresh vegetables. It is stable to heat and oxygen and is destroyed by iron salts or any substance oxidizing the fat it is carried in. It acts essentially on glandular tissue, especially the gonads and pituitary. A deficiency results in sterility and habitual abortion. The average diet is adequate.

Vitamin G is found mainly in cereals, wheat germ, yeast, meat, milk, vegetables and fruits. It is also present in egg-white and liver. It is slowly destroyed by heat, is stored in the body, and the average diet is adequate. A deficiency results in such conditions as pellagra, dermatitis and deficient growth and it is thought to have some effect on the formation of cataracts.

Vitamin K has been recently discovered and controls the prothrombin in the blood and promotes blood clotting, especially in cases of long-continued jaundice. It is known that other vitamins exist but they have not been properly identified as yet.

The basis of our normal diet is made up of protein, carbohydrate, and fat. Protein is a complex substance made up of carbon, hydrogen, and oxygen with nitrogen. There are also traces of sulphur and phosphorus. It is the body's only source of nitrogen and almost the only vehicle for sulphur. It is dissipated in body building and energy. An average diet should contain 1 gram or more per kilo of body weight.

Carbohydrates are a main supply of energy and a common ingredient of our diet because they are safe and cheap. Carbohydrates break down into glucose which is carried to the tissues. Any excess is stored as glycogen in the liver and tissues. Excess carbohydrates may also be concentrated and stored as fat. Fats produce concentrated energy and are the main vehicle of vitamins A. D. and E. Excess fat changes to acetone, therefore should be avoided by diabetics.

Many inorganic salts are necessary for the various body function. Calcium and phosphorus (with the vitamins and parathyroids) regulate bone formation, heart beat, coagulation of blood, etc. We require between one and two grams of calcium daily. This is mostly obtained from milk and the leafy vegetables. Copper aids the absorption of iron and is usually found with it. Iron is important in the formation of hemoglobin, the average requirement is 15 mg. daily, found especially in red meats, egg-yolk, and green vegetables. Iodine is necessary in the formation of thyroxin, 5 mg. a year would be sufficient if it were all absorbed. Magnesium is found especially in fruits; a deficiency causes capillary dilation, irritability, convulsions and tetany. Sodium, obtained mostly from sodium chloride, is an important

regulator of fluid interchange. Other necessary organic salts are manganese, potassium, sulphur, and a trace of aluminum.

In many diseased conditions, diet is an important adjunct to other forms of treatment. For instance, in chronic gall bladder disease the general regimen should be a low fat, low cholestrol diet. The stomach should not be overloaded and this can usually be accomplished by avoiding fluids with meals. As there is usually associated disease of the pancreas, the more concentrated carbohydrates should be limited.

Exercise in the open air should be taken whenever possible, as well as deep breathing. Ample fluids should be given between meals. The food should be well chewed and the patient should rest after meals. In any condition in which acidity is present, it is important to force fluids and carbohydrates and to limit the fat intake.

In allergic conditions, elimination diets should be tried. Start the patient out on foods known to be innocuous and add one new article of food to the diet every second or third day. If an allergic reaction occurs, suspect one of the last foods added.

In pernicious anaemia a high protein, high purine diet is advisable. The fats should be limited to 70 grams or less, with some restriction of sodium chloride. In hyper-tension, arterio-sclerosis, or cardiac decompensation, the first essential is to reduce the patient's weight. If there are cardiac symptoms, salt should be restricted. If oedema is present reduce the fluids. Coffee, tea and condiments need not be prohibited but should be used in moderation.

In acute nephritis, a bland diet should be given for two weeks and then gradually increased to full diet, omitting spices and salt. In chronic interstitial nephritis, protein is probably not as damaging to the kidney as was previously believed. In the dietary management of kidney cases it is probably better to consider the symptoms rather than the diagnosis. For instance, if the specific gravity of the urine is high give bland fluids. If oedema is present and is acute, restrict the fluids, salt, and protein. If chronic oedema is present, restrict salt and fluids but give adequate proteins to prevent anemia and malnutrition. If uremia threatens, close attention should be paid to the acid base balance: also blood chlorides should be maintained at their proper level.

It will be realized that a complete survey of diet in disease would cover many volumes, but it is hoped that a few of the guiding principles will be helpful.

THE LION AND THE NURSE

While Victorian Order nurses are prepared to face most emergencies, their training makes no provision for encounters with wild beasts, so it is not surprising that a veteran member of the Order should lose command of the situation on meeting a monstrous lion, face to face, in the course of duty. Called to minister to a sick woman in a Verdun home, the nurse found it necessary to go to the cellar for articles required in the treatment. A growl at her elbow first startled her. Directed toward the spot from which it came, the beam

of her flashlight revealed a huge lion seated within a yard of her, its eyes expressing disapproval.

Her screams brought members of the household to the rescue. They explained that a circus animal trainer was boarding there and had been given permission to keep his star performer in the cellar. Apologies were offered for failure to warn her, coupled with assurance that the animal was so docile that he wouldn't raise a paw unless someone stepped on his tail in the dark. The nurse is only grateful that her flashlight did not reveal a mouse.

— *"The Forum"*

Psychiatry and the Basic Course

LORNA HORWOOD

To those of us who have learned something of the knowledge, skills and attitudes concerning psychiatric nursing the question is not "why should this branch of nursing be included in the basic course?"—but rather "why have we not recognized its importance sooner?" To us the advantages of such a course can scarcely be over-estimated.

Much is said about nursing the patient as an individual. This cannot be done adequately if one has a knowledge of the physical symptoms only. Without understanding what mental health is, a nurse will fail to appreciate the mental aspect of any illness. She will consequently not make allowances for the emotional disturbances and changes in personality of her physically ill patient. There is no field of nursing in which the question of mental health does not present a problem,—whether it be a minor maladjustment, a temporary delirium or a more deep-seated condition. The fundamental objective of a course in psychiatric nursing is to help the student recognize the close correlation between physical and mental health and between physical and mental illness. An affiliating student recently included in her essay an illustration of this point:

I have learned how closely physical illness is related to mental illness. I remember nursing a patient who had a hysterectomy. At the time I thought she was very inconsiderate of the nurses. She did not trouble herself to be polite and demanded every possible attention. Now I realize that while she was so ill physically, she had also developed a slight psychosis and she was not acting in the way she would normally act. If I had this case to look after again I am sure I would be able to do it much better.

This illustration brings out the mental aspect of what was primarily a physical illness. There is another consideration equally important. Not only may physical illness be cause for mental illness; but on the other hand, mental stress and emotional disturbances may definitely bring about physical signs of ill-health. We all know how an emotional upset may cause fatigue, loss of appetite, indigestion, headache or inability to sleep. Similarly such a difficulty as unemployment, and the worries resulting from it, may in itself be sufficient reason for the development of such symptoms as loss of weight, digestive disturbances, constipation, increased blood pressure and even enlargement of the heart, or a kidney condition. There is a trend in the field of medicine to consider mental strain and emotional disturbances as etiological factors, the relief of which might be sufficient to effect the cure of actual physical illness.

Nurses, because of their intimate contact with patients can do much to assist in this line of endeavour.

It is recognized that every nurse should aid in the field of preventive medicine. Therefore, it is imperative that she should understand the laws of mental health and the symptoms of mental illness so that she may be prepared to assist in the preservation of mental health and the prevention of mental illness. Not only may she learn the early symptoms and predisposing causes but she will also acquire a sympathetic interest in mental illness. By so doing she will think of patients in a psychiatric hospital as sick people. She will become familiar with modern terminology, with the work of the hospital, and the facilities of treatment. Hence she will be prepared to reassure a person, whose relative requires hospitalization, or to advise a mother, whose child is presenting a behaviour problem, to consult a psychiatrist.

A knowledge of psychiatric nursing will enable a nurse to care intelligently for any mentally ill patient whether he be excited, depressed, stuporous, agitated or whatever his condition may be. Special instruction is given in psychiatry, psychiatric nursing including hydrotherapy, mental hygiene, neurosphysiology and occupational therapy. Experience is provided in such special departments as mental health, gynaecological, special treatment and dental clinics, occupational therapy department and the various wards. The student learns that the matter of correlation between mental and physical illness must apply equally in a hospital for the mentally ill as in one for the physically ill. She learns about various scientific treatments. These include malaria therapy for general paresis, metrazol and insulin shock treatment for schizophrenia and other psychosis, hydrotherapy and rectal narcosis for disturbed patients, and so forth. With regard to treatment it is apparent from the first impressions of student nurses that they learn not only from what they see but from what they expect and do *not* see. I will illustrate this with a few comments made by student nurses shortly after they had begun their affiliation:

> Fears and anticipations filled my heart when I learned I was to have such an opportunity, but my fears have been dispelled and my anticipations somewhat changed and partly fulfilled. I expected to find most of the patients in straight jackets, restraining straps and padded cells,—rather than up and caring for themselves. The most outstanding of my impressions was that concerning the place that occupational therapy seems to have in relation to the patient. There is a place for everyone who is able to be taught and the apparent benefit it has upon such an individual, educating, leading, directing and encouraging him, helps to fit him for a place in community life. The orderly conduct, the quietness and the attention, manifested by the patients on Sunday morning at Church Service was amazing. Never had I thought that such a Service could be carried out, giving evidence of the individuality of the patients in a hospital for the treatment of mental disease, and the necessity, as well as for those who are physically ill, of consideration, thoughtfulness, understanding, sympathy and training in mental health.

From this outline we arrive at the following conclusions regarding the objectives of an affiliation course in psychiatric nursing:

1. That student nurses be given an understanding of the correlation between mental and physical health and between mental and physical illness.
2. That they be made acquainted with

the public health aspect regarding mental illness.

3. That they become prepared to nurse any patient more intelligently, whether the main symptoms be those of mental or physical illness.

There is yet a fourth objective if such a course is not to fall short of its possibilities. That objective is to give to the student a better understanding of human behaviour in general and of her own personality in particular.

In Line with the Times

It is encouraging to know, in these difficult times, that the General Meeting of the Canadian Nurses Association is to be held in the Province of Alberta. It will do us all good to get a long breath of the invigorating western air that blows across the foothills, and through the streets of Calgary. It will strengthen our souls to look towards the far horizon where the snowy peaks of the Rockies are flushed with rose at dawn and sunset.

Only those who have experienced a Western welcome know how warm and generous it can be. By way of proof, we offer the following letter from the President of the Alberta Association of Registered Nurses:

Dear Fellow Nurses:

With the New Year, Canadian nurses are no doubt forecasting plans to attend the Biennial Meeting of the Canadian Nurses Association, which is to be held in the Province of Alberta from June 24 to 29. It will soon be two years since at Halifax I had the very happy privilege of extending, for the Alberta Association of Registered Nurses, an invitation to Canadian nurses to convene with us at Banff, Alberta, in 1940. In the short space of time that has elapsed everything has changed. The British Empire is at War!

After hearing the expression of opinion from groups of nurses regarding

KATE S. BRIGHTY

elaborate gatherings at such a time as this, and feeling confident that the same attitude would be shared by all, a change of plans more consistent with the stress of circumstances was considered, and a recommendation was sent to the Executive Committee of the Canadian Nurses Association asking that the place of meeting be changed from Banff to Calgary. Those who like the West, and look forward to staying longer in our mountain resorts, will find ample opportunities and good facilities for an excellent holiday.

Alberta nurses again extend their invitation to the Canadian Nurses Association, and look forward to cordially welcoming nurses from all parts of Canada at the Hotel Palliser in Calgary, from June 24 to 29, under the British slogan, "Business as usual."

KATE SHAW BRIGHTY,
President,
Alberta Association of Registered Nurses.

Reader's Guide

The keynote of this new volume of the *Journal* is struck by the President of the Canadian Nurses Association, ***Miss Grace M. Fairley,*** in her New Year's message of encouragement and cheer.

As announced in *Notes from the National Office*, the clans are to gather in Calgary instead of in Banff and the president of the Alberta Association of Registered Nurses, ***Miss Kate S. Brighty,*** extends a true Western greeting, thoroughly "in line with the times".

The bond between the members of the British Commonwealth of Nations is drawn very close these days. ***Miss Syretha Squires.*** superintendent of the Public Health Nursing Service, gives us a vivid account of her work in Newfoundland. The striking picture on the cover of the *Journal* shows the famous "Battery Gate", in which ancient cannons serve as supports for the statues of the Saints.

Miss B. Orlo MacInnes is the nurse-in-charge of the Rheumatism Pavilion at the Children's Memorial Hospital in Montreal. Important research work is being done in this service and Miss MacInnes sheds new light on modern methods of treating children suffering from rheumatic infections.

We hear a lot about the eight-hour day for nurses, but ***Miss Beatrice L. Ellis*** suggests that its benefits ought to be extended to patients. Miss Ellis is the principal of the School for Nurses at the Toronto Western Hospital.

During the past few years, emphasis has been laid upon the importance of the psychic aspects of disease. At the annual meeting of the Registered Nurses Association of Ontario, ***Miss Lorna Horwood,*** superintendent of nurses at the Ontario Hospital, London, made the strong appeal for the inclusion of psychiatric nursing in the basic course which appears in this issue.

We are indebted to Miss Theresa Greville, chairman of the Private Duty Section of the Manitoba Association of Registered Nurses, for sending us the delightful and instructive address given by ***Dr. D. S. McEwan*** at a meeting of the Section. Dr. McEwan is the Medical Director of St. Boniface Hospital, and certainly seasons his erudition with wit.

The manifold activities of the provincial units of the Canadian Nurses Association are summarized in *Notes from the National Office.*

A Long Step Forward

At the graduation exercises of the School of Nursing, University of Toronto, which took place recently, certificates and diplomas were awarded to 88 students. Of this number the following received the double diploma in general nursing and public health nursing: Elizabeth Adams, Adele Campbell, Georgina Gastle, Eleanor Jones, Marion Kent, Elizabeth Petrie, Ruth Priddle, Beverly Rogers, Frances Taylor, Betty Thom.

Seventy-eight nurses who had successfully completed either the one-year course in teaching and supervision in schools of nursing, or the one-year general course in public health nursing, or a year of special studies, were awarded certificates. In this large group were representatives from Ontario, Quebec, Nova Scotia, Saskatchewan, Alberta, New Zealand, Panama, Venezuela and Portugal. In her report, the director, Miss Kathleen Russell, stated that the past year had been marked by growth and development of various kinds. Excerpts from her address follow:

The special objective has been to consolidate, to strengthen and to refine the necessarily rough beginnings of the first five years, during which time the whole pattern of the School was being thrown quickly into shape. In these respects there has been satisfactory progress. A school such as this is the pivotal point for the educational experience which is called a training in nursing, but *only* the pivotal point. For the working out of the various courses given here—longer and shorter—the walls of the schools have to be extended widely, far enough indeed to embrace the hospital wards and the community services where the day by day training takes place. So the school proper is a very extensive and complex institution.

In this connection it is interesting to note that the school has a close connection with nursing throughout the whole of Ontario — in fact a double connection. Not only do students come here for postgraduate work from other nursing schools all over the Province but we, in turn send students far and wide for practical experience. In the hospitals and the visiting nursing associations and the health departments of Toronto and of many other towns and districts, and in remote Red Cross Outposts, these students spend certain weeks working under careful supervisors or instructors, and thus to take their first steps in the transition from the theory of school to the practice of their profession.

In the past year there has been growth also in the number of students and in the variety of work being offered. At present the enrolment of full-time (as distinguished from occasional) students is almost three times the number of those that were registered when the school opened six years ago. The new courses are those of advanced study particularly in preparation for administrative work in various branches of nursing. Until very recently, Canadian nurses wanting to pursue these special studies have gone abroad, particularly to the United States, for this purpose. Now with the resources that are available in Toronto, this school should be able to meet much of this demand and we are glad that a larger share is coming to it. A number of students enrolling for this special work come from abroad. Fellowship and scholarship funds and government subsidies are making it possible for the nursing profession to take this long step forward in matters of professional education.

This young school has outstripped its resources in every kind: staff, building, equipment, organized teaching fields, all are inadequate. One material deficiency is rather alarmingly evident, namely the inadequacy of the school building which will prevent further growth of the school until more room is provided. The need is so pressing that the Alumnae Association has

started a campaign toward new buildings. The realization of this objective may seem very remote at present, but the wholehearted and active sympathy and support of the graduates is a constant source of strength and encouragement. Already many a rough path is being made smooth by their efforts. Although our words of acknowledgment and gratitude are inadequate, nevertheless they are most sincere and full of appreciation.

While this state of war is a matter of the gravest moment for every citizen of the country, for nurses there is a further professional significance, and for the members of this school there is just now an added poignancy, especially at a celebration such as this. Somewhere in Poland, somewhere in Austria, somewhere in Czecho-Slovakia, somewhere in France are, or were, the homes of nurses who have come to Toronto, have worked for, and carried away, exactly the same certificate as those being given out tonight, and have left their names on the rolls of the Alumnae Association of which we have just spoken. We wonder how many of these nurses are living tonight. It is a sad task to throw a shadow over the joyousness of a day such as this, but the shadow is here and cannot be evaded. The only way it can be made bearable is to face it squarely, accept all that it demands from each one personally, and to start, each one, to carry her own full share of the war burden with complete willingness."

In extending congratulations to the new graduates, the Rev. J. R. P. Sclater stressed the value in these trying times of having work to do which was essentially worth while. He referred to an ancient meaning of the word "nurse" — to nourish —, and spoke also of the meaning of the term in forestry — "a tree planted windward of young and fresh growths to protect them." Here, Dr. Sclater said, you had the negative and positive aspects of nursing defined —to defend from that which destroys, and to supply that which builds up.

Following the presentation of diplomas, the President, Dr. H. J. Cody, added his congratulations and welcomed the graduates into the widely diversified academic family of the University of Toronto. He expressed gratification that the work so well done in the School had received recognition in the honouring of its Director last summer when King's College, Halifax, had conferred upon her the honorary degree of Doctor of Civil Law. — D. M. P.

SHADOW FACTORY

I am working at a "shadow factory" which makes aero-engines. It is less than two years old, very clean and up to date, and employs 4,000 men and boys and 18 girls. The girls are engaged in etching, for all components are marked with a number, the date, and other particulars. Most of the men work alternate days and nights, changing over every two weeks.

The casing of the engines is made of magnesium, and, if great care is not taken in the process of turning and milling this metal, the turnings will be set on fire. The turnings also cause many cuts and abrasions which if left untreated will soon give rise to septic fingers. The men will always report an accident due to magnesium because when this work was in its infancy there were several serious cases of septic hands through neglecting to report injuries.

The men from the plating shop are examined by the nurse twice a week. So far we have only had one chronic ulcer to treat, but we have had several cases of nasal irritation and nasal polypi. This

is due to the acid in the plating liquid. The factory doctor also examines the men every second week and all men engaged in working in oil, paraffin oil, suds, and a liquid called peroline are examined weekly for dermatitis of the arms and hands. We have had very little dermatitis to cope with. This I put down to the fact that we have been taking precautionary measures and order treatment as soon as we find a man developing any spots or oil irritation. Also whenever possible we ask the foreman in charge to give the man a change of work for a week or so

The men are finding it very trying to work under the black-out conditions for it means they work in artificial light all the time.

There are two of us women nurses engaged during the day, and one male trained nurse on at night working from 8 p.m. to 7.30 a.m. We two take it in turn to work from 7.30 a.m. to 5 p.m. one day and from 10.30 a.m to 8 p.m. another day. This means the surgery is never left without a trained nurse. Of course the hours are longer now than in peace-time, but we are hoping to have a second surgery when the new extension is completed, which will naturally mean that more nurses will be employed.

"Nursing Times"

A Happy Coincidence

By a happy coincidence, this issue of the *Journal* not only contains an article on public health in Newfoundland but also the news of an interesting appointment in the hospital field. Miss E. Bell Rogers has accepted the position of superintendent of nurses in The General Hospital, St. John's, and begins her new duties this month. An extensive building programme is in progress and the hospital will soon have accommodation for three hundred patients. A new nurses residence, which also houses the school of nursing, has just been completed.

Miss Rogers possesses excellent qualifications for her new task. Educated in Ontario, she taught in both urban and rural schools before entering the School of Nursing of the Royal Victoria Hospital, Montreal. Subsequently she undertook post-graduate work in teaching and supervision at the School for Graduate Nurses McGill University, grad-

ELIZABETH B. ROGERS

uating with marked distinction. She then became a member of the teaching staff of the Royal Victoria Hospital and, since 1934, has been the director of the teaching department of the School of Nursing of the Ottawa Civic Hospital.

Miss Rogers is keenly interested in the work of nursing organizations and has held office in the Alumnae Association of her own School. Recently she was elected chairman of the Nursing Education Section of the Registered Nurses Association of Ontario. However, her interests are by no means confined to nursing. She enjoys outdoor life in summer and curling is her favourite winter sport. She has travelled extensively in Britain and on the continent and is proud that, by attending all the general meetings held by the Canadian Nurses Association since 1930, she has spanned Canada from coast to coast. The good wishes of her colleagues follow Miss Rogers to Newfoundland and the success of her new undertaking is confidently predicted.

OVERSEAS NURSING SISTERS ASSOCIATION

The Calgary Branch, O.N.S.A., has formed a group to do war work under the Canadian Red Cross Society. The nurses of the city are holding themselves responsible for the making of dressings. The annual tea for the Branch was held on Armistice Day when about thirty nurses gathered for a social hour.

Miss Florence G. Mills, a member for the past nineteen years of the staff of the Central Alberta Sanatorium, has retired and gone to Edmonton to spend a well earned leisure. Miss Mills went overseas in 1917 and was one of the passengers on the torpedoed hospital ship, "Araguaya". She saw service at Moore Barracks, St. Cloud, and Orpington. She was recently the guest of honour at a garden party given by the patients and staff of the Central Alberta Sanatorium, where many friends gathered to say farewell to "a grand nurse, a loveable lady, and a fine friend."

NOT A FISHY BUSINESS

Supplies of cod liver oil for Canada will probably be curtailed as a result of the war according to Dominion government officials and this turns the spotlight on emulsion of cod liver oil. Being four times more easily digested than plain oil, the emulsion accomplishes the same beneficial results without requiring so much of the raw material.

Just as milk is Nature's perfect emulsion of butterfat, so medical science has been able to make a perfect emulsion of plain cod liver oil, breaking up the fat globules into millions of very tiny particles, thereby succeeding in doing part of the work normally undertaken by the digestive system when plain oil is taken. It seems that digestion of the emulsion starts as soon as it enters the stomach. With plain cod liver oil, digestion does not start until the oil has entered the intestines.

Emulsification, it appears, is important not only because it results in greater digestibility—it also makes cod liver oil, a smelly, fishy business very unpopular with little Johnny and Mary—much more palatable. For our extra intake of the important Vitamins A and D, scientists say we can rely on modern emulsion of cod liver oil and this may become important if supplies of the plain oil are rationed down.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

General Meeting

The Twentieth General Meeting of the Canadian Nurses Association will be held in the Hotel Palliser, Calgary, June 24-29, 1940. This change from Banff to Calgary was made by the Executive Committee of the Canadian Nurses Association in meeting on December 2, 1939, upon recommendation from the Council of the Alberta Association of Registered Nurses. With this recommendation, which was submitted with regret, the Council, on behalf of the nurses of Alberta, reaffirmed the pleasure it would be for them to have the National Organization meet in that Province.

Provincial Associations

Business arising from the meeting of the Executive Committee will be summarized for these Notes in February. Since, however, copies of the interim reports from the Provincial Associations of Registered Nurses are sent direct to National Office, a summary of those reports can be made herewith:

The Registered Nurses Association of British Columbia have arranged to assist the Civilian Protection Committee by preparing lists of non-registered graduate nurses ready to serve in any capacity if called upon by the chairman of this committee. This activity is additional to the listing of names, standing, and zoning of nurses enrolled under the Joint Enrolment Plan of the Canadian Red Cross Society and the Canadian Nurses Association. Arrangements are that registered nurses enrolled for emergency service will be called first, then, as necessary, to be assisted by voluntary groups of graduate nurses.

Letters stressing social and public health aspects of nursing education, as indicated in the report of the Public Health Section annual meeting, were forwarded to schools of nursing in the Province and to the inspector of hospitals. Replies show that an effort is being made to use whatever social service and public health organizations are available—in some cases by affiliation, in others by lectures to student nurses.

The Manitoba Association of Registered Nurses sponsored a course in laboratory technique for nurses, given under the direction of the pathologist of the Manitoba Medical College. Twenty-three nurses enrolled for this course which opened on November 20, and covers sixty hours, given in two-hour periods, four evenings a week.

In May 1939, a council, consisting of representatives from the schools of nursing, the Department of Health and Public Welfare, and the schools of nursing adviser, was appointed to consider the whole matter of health and community aspects of nursing education for third year students as suggested in "A Proposed Curriculum for Schools of Nursing in Canada." A qualified instructor was engaged to give a series of twenty lectures. The students and several head nurses from the seven schools of nursing in Winnipeg have been divided into two central groups, each

group meeting once a week. In addition to lectures, the students are assigned to the various health and social agencies for visits of observation and in turn give reports and demonstrations to the entire group. This is proving an interesting experiment.

At a recent meeting of the Association, the Deputy Minister of Health discussed "Apparent trends in the care of the sick". Twenty-one municipal doctors are now employed in the Province of Manitoba, this number having doubled during the past year, while a similar increase is anticipated during the next year or more.

The Registered Nurses Association of Nova Scotia now officially approve Grade XI Provincial Pass Certificate, or one which is deemed the equivalent by the Nova Scotia Department of Education, as the minimum academic qualification of candidates to schools of nursing. Superintendents of schools have been asked to seek the co-operation of their hospital boards in refusing to admit candidates who do not possess this qualification. Each school of nursing recently visited by the Registrar has received a report of its school, based on the findings arising from that survey. At the request of members, a course in "war emergency aid" is being organized by the St. John's Ambulance Association in most branches of the Association. Already several classes in the Halifax Branch are receiving this instruction.

The Registered Nurses Association of Ontario reported the organization of chapters by one more district; also that District 9, Northern Ontario, now has seven chapters. Within the past three years, twelve loans amounting to $2900. have been granted from the Permanent Education Fund. *The Canadian Nurse* Circulation Committee has been very active. A leaflet, on aims and responsibilities towards the *Journal*, is available for distribution throughout the Province. To demonstrate a plan by which interest and circulation might be stimulated, the convener of the committee arranged a special supper meeting which was attended by representatives from hospitals and alumnae associations in District 5. Reports of this meeting were sent to the conveners of all the district committees as a guide in forming their plans for action.

The last quarterly meeting of the *Registered Nurses Association of Prince Edward Island*, which was held at Summerside, was well attended. A report on the legal procedure by which the by-laws of the Association can be amended was presented. The convener of *The Canadian Nurse* committee reported that subscriptions remain at a fairly high level. A committee has been appointed to arrange a refresher course which will be held in conjunction with the annual meeting, in June 1940.

The Association of Registered Nurses of the Province of Quebec were able to offer four scholarships for the year 1939-40; it is customary for this Association to award two scholarships annually. The English- and French-speaking groups of each of the three Sections have planned programmes of interest for the winter months. The Private Duty Section (French) arranged visits in small groups to Hôpital St. Jean de Dieu in connection with a lecture course with special observation in the paediatric department, which includes a now famous school for mentally defective children, accommodating three hundred. The English group of this Section arranged a series of very fine lectures. The Nursing Education Section (English) is to hold a symposium on nursing in January. The French group are studying means by which the centralization of the teaching of several subjects of the school curriculum may be ar-

ranged with the University of Montreal. Details of the programmes of the two groups of the Public Health Section were not available for announcement on December 2.

The Saskatchewan Registered Nurses Association have issued a pamphlet of information for prospective candidates to schools of nursing in that Province. Copies have been distributed to high school principals and other interested individuals. Also, the Registrar has addressed students in the high schools in various centres.

Activities of the *New Brunswick Association of Registered Nurses* were included in the report of the annual meeting, published in the December issue of the *Journal*.

Each Provincial Association completed a careful survey of the lists of nurses who have volunteered for emergency service. Under date of November 21, 1939, the secretary of the National Joint Committee of the Canadian Red Cross Society and the Canadian Nurses Association on Enrolment of Nurses for Emergency Service, reported that the most recent list submitted to the Director General of Medical Services contained the names of 3,394 nurses.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Ontario:

A.A., Royal Victoria Hospital, Barrie	$5.00
A.A., Toronto Western Hospital, Toronto	10.00
Nursing Staff, Ontario Hospital, Kingston	25.00
Nursing Staff, Women's College Hospital, Toronto	11.50
District 5, Registered Nurses Association of Ontario	15.00

REFRESHER COURSE IN OBSTETRICS

As previously announced in the *Journal*, a refresher course in obstetrical nursing will be given from January 22 to 27 under the auspices of the University of Toronto School of Nursing. The following obstetricians will take part in the programme of instruction: Dr. W. A. Scott, Dr. H. B. Van Wyck, Dr. W. G. Cosbie, Dr. J. C. Goodwin, Dr. D. M. Low. Lectures on paediatrics will be given by Dr. Alan Brown. Round table conferences will be presided over by Miss Nettie Fidler and Miss M. B. Millman. Various aspects of the general subject will be discussed by Miss Edna Fraser, Department of Public Health, Toronto; Miss Ida Brand, Ontario Red Cross Society; Rev. Sister Vincentia, St. Michael's Hospital; Miss E. Palk, Victorian Order of Nurses; Miss Grace Sutton, Toronto Western Hospital; Miss Mabel Sharpe, Women's College Hospital; Miss Muriel Winter, Toronto General Hospital. Demonstrations will be held at the Women's College Hospital and the Toronto General Hospital. Ward observation visits have been arranged at St. Michael's Hospital, the Toronto Western Hospital, and the Toronto General Hospital.

Further details may be obtained from the secretary of the University of Toronto, School of Nursing, 7 Queen's Park, Toronto. The fee for the course is $7.00.

We Are Prepared

Nurses all over the country have been busy this week exercising their ingenuity in assisting the medical profession to prepare for the reception of civilian casualties. What a business it has been and what vast reorganizations have been accomplished. In the course of a few days, mental hospitals and institutions for the chronic sick have been turned into base hospitals with beds in large numbers, and improvised theatres provided with primus stoves for sterilisation, operating tables transported from the large general hospitals, and drums eked out with carefully sealed biscuit tins. (We hear that one was recently opened at St. Bartholomew's Hospital that had been sterilised during the crisis in September, and its contents still passed strict tests for sterility.)

Similarly, in the hospitals of London, changes have taken place. They have been rapidly transformed into casualty clearing stations and this also has meant much improvisation and ingenuity. To give you some idea of what this has involved let us tell you what University College Hospital has done to provide central London with a casualty clearing hospital of 207 beds for possible air raid cases, and 110 beds for ordinary civilian cases.

The old hospital itself was not considered safe enough for use and every one of its wards is empty of patients. The casualty clearing hospital is in the basement and ground floor of the beautiful new private patients hospital, opened in 1937. It is reached from the hospital casualty department by a corridor which runs under the road and is provided with an air lock. Beyond this a widening of the corridor has been transformed into a general reception office and branch corridors to right and left give us a first glimpse of the beds. These are prepared ready for immediate occupation with the bed-clothes rolled to one side and the bottom sheet covered with a long mackintosh and a doubled red blanket. Pillows are provided with mackintosh covers, and at the end of the bed a bag of cheap hessian or old material, tied to the rail, will receive the patients' clothes. Smaller mackintosh bags are being prepared to take the patient's washing things; his towel hangs ready on the bottom rail, for each patient for the time being can possess nothing but a bed for all his goods and chattels.

Other beds are packed into the various store-rooms on either side. In some cases the mattresses rest on the store-room shelves where these are of convenient height. One room has been turned into an emergency theatre complete with two shadowless lamps from the hospital's operating theatres and scrubbing up sinks have been fitted. Two operation tables occupy the floor —closer perhaps than one would wish— but here every inch of space is precious. Corridors and store cupboards in the vicinity hold the essential equipment and in one room near by is a cupboard stocked with many sets of sterilised blood transfusion apparatus carefully wrapped up. Another store room is full of tannic acid powder, and tins of plaster bandages which the staff have made in their spare time.

On this floor there are altogether 129 beds, with improvised offices as well as the kitchen which will supply the emergency hospital. The whole basement is ventilated by an air conditioning plant, which in case of gas attacks will be able to filter the air, though the supply will have to be de-

creased somewhat for the time being.

On the first floor a similar transformation has been effected. The fine entrance hall has become a ward kitchen, the panelled waiting and consulting rooms hold as many beds as they can contain, while even the X-ray plant (except in one room which will be used for X-ray examinations) is surrounded with beds, all with their bags and blankets ready for immediate use. Store cupboards have been turned into clinical rooms and sluice rooms, another theatre for two surgical teams improvised, and everything essential for the immediate care of casualties is at hand.

The civilian wards are in the new ante-natal department and maternity hospital. As the ante-natal department is in the basement it has readily been converted into a maternity ward for 20 patients with a nursery for the babies. The canteen, originally designed to serve mothers with refreshment while they waited, conveniently serves as the ward kitchen. The lower floors of the maternity hospital house extra beds and with windows carefully protected and curtained will provide beds for medical, surgical, and gynaecological cases. This is a vital service, for while casualties are yet to come, the needs of the civilian sick must be satisfactorily met. This is being done and I left the hospital, inspired by the ingenuity and resource with which the demands of the present situation has been met.

—*Nursing Times*

An Honoured Leader

On November 6, 1939, the Alumnae Association of the Toronto Western Hospital lost one of its earliest graduates in the death of Mrs. Annie York. Mrs. York was a member of the first graduating class of the Hospital in 1898. For several years she did private duty nursing in Toronto and the vicinity, later becoming Superintendent of the Orthopedic Hospital, which post she held for a number of years. In addition to being one of the originators of the Alumnae Society, she was its President for several terms, at all times maintaining an active interest in the affairs of the Hospital in general and the Alumnae in particular.

It was only comparatively recently that she found it necessary to give up much of her active work in order to devote her time to the work of the Mission

ANNIE YORK

in connection with Hillcrest Church of Christ, of which she was a devoted member. We remember Mrs. York as a kindly older graduate whose keen interest in the activities of the nursing body stimulated the younger members to emulate the example set by her.

— G. J. S.

OBITUARIES

Mrs. Nelson Whitman Morton (Beatrice Brookes) died at her home in Beaconsfield, Quebec, on November 28, 1939, after a brief illness. Mrs. Morton was a graduate of Dalhousie University and received her professional training in the School of Nursing of the Royal Victoria Hospital in Montreal. She was a member of the Class of 1931, and subsequently took the course in public health nursing offered by the School for Graduate Nurses, McGill University, where she added new honours to an already brilliant scholastic career. After completing her post-graduate work, Mrs. Morton was appointed to the staff of the Montreal Branch of the Victorian Order of Nurses, and served as staff nurse and supervisor for five years, making a lasting impression that will long be remembered by those who worked with her. That so promising a life should have had so short a span is a source of grief to all who knew her and appreciated her worth.

Irene W. Sherrard died suddenly while on duty, on December 4, 1939. Miss Sherrard was a graduate of the School of Nursing of the Chipman Memorial Hospital, St. Stephen, N. B., and a member of the Class of 1928. At the time of her death, Miss Sherrard was the supervisor of the operating room at the Hospital. She was a valued member of the St. Stephen Chapter of the New Brunswick Association of Registered Nurses and her loss is keenly felt by her associates and many friends.

A Word of Sympathy

Dr. Bedford Fenwick died on October 14, 1939, and in his passing the nursing profession throughout the world lost a generous and devoted friend. The respectful and affectionate sympathy of nurses in every part of the world will surely be offered to his widow, Ethel Gordon Fenwick, Founder of the International Council of Nurses.

We Lose a Friend

The cause of nursing education in Canada has lost a loyal friend and champion in the recent death of Dr. Henry Esson Young. He had a clear conception of the functions of a department of nursing education in a University, and in the first stormy years, consistently defended the pioneer effort in the University of British Columbia. From the outset, he realized the vital importance of the public health nurse in the Provincial health programme and in his capacity as Medical Health Officer for the Province of British Columbia, gave his unwavering support. Among the many tributes paid him, not the least is the gratitude and respect of Canadian nurses.

STUDENT NURSES PAGE

Introduction to the Operating Room

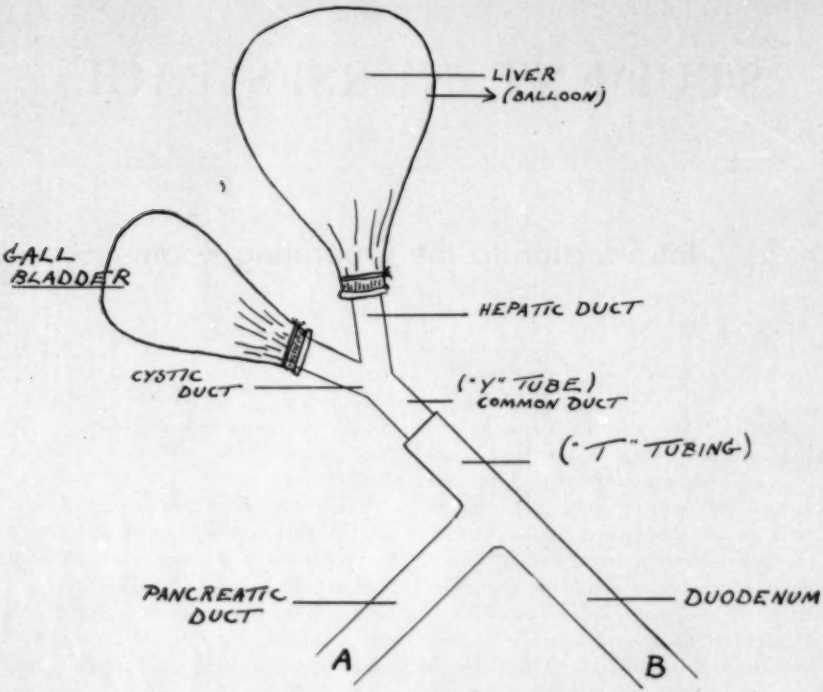
A. WILLNER

Student Nurse,
School of Nursing, Vancouver General Hospital

During our operating room experience, we participate in some thirty conferences and demonstrations. These are divided into subject groups, such as operations on the gastro-intestinal tract, the genito-urinary tract, and so on. A definite schedule is placed on the bulletin board assigning the various topics to a graduate nurse and a senior student on alternate mornings. The topic is presented after morning assignments have been given and before the day's activities start.

To show how this programme is carried out, let us say that the topic assigned to a student is operations on the gall bladder, such as cholecystectomy, cholecystotomy, choledocotomy. On the preceding days the student prepares her instrument "set-up", and the following morning we gather in the main operating room theatre where, by means of pictures and diagrams, a review of the anatomy and physiology is given. The various diseases of the gall bladder are discussed briefly with reference to their causes and surgical treatment. Emphasis is placed upon the preparation of the patient, position on the table, site of incision, instruments used, operative procedure, type of drainage, sutures according to the surgeon's preference. All these various topics are explained and demonstrated.

The accompanying sketch gives some idea of how one student demonstrated the functions and diseases of the gall bladder. Two rubber balloons were attached to a glass connector, and to this was attached a rubber T tube. The tubes and balloons all communicated with each other; the balloons were inflated with air and the rubber-tubing was clamped at the points marked A and B. This demonstration showed that if there were an obstruction in the "cystic duct", air could not pass out of the "gall bladder" and none could get in. If the hepatic duct were blocked, no air could leave the "liver", thus showing how bile could be dammed back into the liver and then into the blood stream. If there were an obstruction in the "common duct" air could pass from the "liver" into the "gall bladder" and the size of the gall bladder would be greatly increased. Bile could not get out into the duodenum, hence a damming back of bile into the blood stream again. In any of these cases, operation for removal of the obstruction might be indicated.



This simple apparatus illustrates how a stone could be removed from the ducts, how a drain could be inserted, how the gall bladder could be drained or even removed. By means of such practical demonstrations we get a comprehensive idea of what the surgeon is doing during the process of the operation. The topic of the conference frequently coincides with an operation of the same nature.

The demonstrations given by the graduate nurses deal with special operating room procedures and equipment. We learn about the care and use of different types of drains, the method of counting and recording sponges, the use of cauteries, the care of instruments used in bone surgery and other special techniques. These topics are presented and demonstrated in a method similar to that described above.

We students feel that as a result of this series of conferences and demonstrations in conjunction with our operating room experience, our picture of the operating room service includes a complete knowledge of draping, instruments, sutures and equipment. It increases our self-confidence because of our knowledge of the nature of the operation performed upon the patient. It increases our efficiency in caring for post-operative patients and leads to a more intelligent and sympathetic understanding of their many discomforts.

BOOK REVIEWS

HOSPITAL ORGANIZATION AND MANAGEMENT,

by Captain J. E. Stone, Consultant on Hospital Finance, King Edward's Hospital Fund for London; Secretary, Birmingham Hospitals Centre. Third edition, 920 pages. Published by Faber and Faber, in England. Available in Canada from The Ryerson Press, 299 Queen Street, West, Toronto.

As nurses begin to study more seriously the art of hospital administration in which they have so long played a part, they will welcome such books as this new edition of Captain Stone's great work on the subject. Captain Stone was formerly chief accountant of St. Thomas's Hospital, London, and is now secretary of the Queen Elizabeth Hospital, the new medical centre at Birmingham. He holds many important offices in hospital associations, and is the author of several well-known books on hospital law and finance.

Every phase of the vast subject of hospital administration is treated in this present book, but certain parts will be more directly useful to Canadian nurses than others. This is because the book is quite frankly and exclusively a discussion of English hospitals, and more particularly of voluntary hospitals. Thus the historical introduction and certain discussions of hospital organizations, though very interesting, are strictly local in their application. Strange to us also is a whole chapter devoted to the technique of "appeals", obviously very important in the country where the voluntary hospital has had its greatest development.

The greater part of the book, however, is devoted to a very thorough treatment of hospital problems which are found everywhere. Typical chapters are "Accommodation", "The Board of Management and Hospital Committees", "Administration and the Personnel", "Planning and Construction", "Co-operative Purchasing", "Nursing Service", "Social Service". Although the plan of organization of the book as a whole is not particularly clear to the reviewer, discussion of each of these separate subjects is very complete and detailed, and is written by one who has obviously had long and intensixe experience in the hospital field, and must be regarded as an authority.

Although it is true that due to closer resemblances in the systems, we tend to feel that certain American texts may seem in some ways more easily applicable to our needs, it is very obvious that we should do well to know more of the British hospitals and their methods of administration, and to benefit by their long experience. Every nursing library will do well to add this authoritative reference book to its shelves.

N. D. Fidler,
Supervisor of Hospital Courses, University of Toronto School of Nursing.

THE GRADUATE NURSE IN THE HOME,

by Mary Louise Habel and Hazel Doris Milton. 282 pages and index. Illustrated. Published by the J. B. Lippincott Company; Canadian office: 512 Medical Arts Building, Montreal. Price, $2.50.

Conditions which the nurse meets in the typical uban or rural home where nursing care is required are immeasurably different from those met in the hospital. This book offers the senior student and graduate nurse an adaptation of nursing care especially designed to meet these conditions. One of the seven units is devoted to a discussion of birth in the home and the care of the infant. Special attention is paid to the nursing of the diabetic and cardiac patient and a chapter is devoted to the maintenance of isolation precautions. Some good practical illustrations are given of improvised equipment. At the end of each chapter a number of questions are listed which should help the

nurse to review her work and to make sure that it has been satisfactorily performed.

SUE BARTON, RURAL NURSE, by HELEN D. BOYLSTON, 254 pages. Published by the Little, Brown & Company; Canadian agents: McClelland and Stewart, 215 Victoria St., Toronto. Price, $2.25.

This book is the fourth in the "Sue Barton" series in which the author tells of the adventures and experiences of a nurse in her career. The setting for the story is that of a rural district in the White Mountains of New Hampshire. Sue Barton makes a place for herself in the lives of the people of this rural community. Her romance with the young community doctor and the exciting incidences in her work are appealing to adolescents for whom the book was written.

The book portrays community nursing service and might be used as an incentive in vocational guidance and as interesting reading for young girls. Although those in the profession might notice a few discrepancies such as the mature experiences and accomplishments of such a young girl, and the method of making and obtaining her job in the community, the young reader would consider the whole book fascinating.

ESTHER ROBERTSON,
Senior Staff Member,
Montreal Branch, Victorian Order of Nurses.

AUXILIARY ENROLMENT

The enrolment of trained nurses is now actively proceeding in England under the auspices of The British Red Cross Society and the Order of St. John. The committee responsible for the direction of this service includes five well known Hospital Matrons and the work of the nurses will be mostly in auxiliary hospitals, which supplement the military hospitals. The staff for the auxiliary hospitals will be selected by the matron-in-chief and be under the direct control of the committee. A classified register is being formed, and nurses enrolled will be appointed according to their qualifications as matrons or nursing sisters. Trained nurses from the ages of 25 to 60 are eligible for these posts, and it is interesting to note that women from all walks in life who are trained nurses are offering their services. Many are middle-aged women who had valuable experience in the last war.

Nurses under 45 may enrol for transfer to the Army and Air Force Nursing Services, the pay and conditions corresponding to the branch of the Service to which they are appointed. Besides these full-time services, trained nurses are needed as examiners and lecturers and an appeal made through the Royal College of Nursing branches has met with good response.

The uniform which will be worn by this nursing group was designed by the matron-in-chief, and is a pleasing garment with a one-piece dress in navy blue gingham, fadeless and shrunk.

There is a detachable collar of white cambric and detachable cuffs of the same material. A shoulder cape of the blue gingham gives a smart appearance to the uniform. The apron differs from the former pattern as it has no cross pieces at the back; instead, the top clips into slots in the front of the dress. This makes it easy to put on. Light grey stockings will be worn with black laced shoes which have leather cuban heels. A navy blue felt sailor hat with a ribbon band of red and black with a touch of white is for out of doors, when a double-breasted overcoat in navy serge with an all-round belt will also be worn. The cap to be worn in the wards is of organdie and is somewhat smaller than the previous cap. Dame Joanna Cruickshank has been experimenting with a design which can be worn with a gas mask.

"Nurse Edith Cavell"

By the time these lines appear in print many Canadian nurses will have seen the remarkable film and will have appraised it for themselves. Its dignity and pathos cannot be denied, although its value as a historical document is very much open to question. The real Edith Cavell was neither young nor beautiful, and the picture would have been far more convincing if Anna Neagle had been allowed to look like a plain middle-aged woman. Nevertheless, we owe a great deal to the director and to the actress who made "Edith Cavell" seem like a real nurse. The brisk impersonal kindliness, the calm exercise of authority, the complete absorption in a nursing task, all rang true. This is the way in which English nurses go about their daily work. The relentless control of deep emotion was suggested with great delicacy and skill although, towards the end, the dramatic action seemed to take on an air of unreality and failed to convey the full significance of the tragic climax.

The picture has met with a rather mixed reception. The English nursing press praises it, but with some reservations. Professional critics have been less kind, possibly because they do not appreciate the nursing values. Here is one commentary, quoted from "The Spectator":

> We can hardly expect a popular film producer to stand aloof, seeking the tragic values in Miss Cavell's story. Nevertheless, one regrets a little that the English creative spirit has never risen higher in her commemoration than a statue cut in soap and an emotional melodrama. Of the two, one prefers the statue: it seems a little truer to the staid heroism, the Anglican rectitude, the clinical love for patients and mankind.

We agree that neither the statue nor the film has caught the spirit of this dauntless woman. Perhaps it remained for Canada to pay the perfect tribute. High in the Rocky Mountains is a snowy peak which bears the name of "Mount Edith Cavell". In its stainless purity and rugged strength, it stands as a perpetual witness for the woman who, in the hour of death, said these words: "I know now that patriotism is not enough. I must have no hate nor bitterness towards anyone."

SISTER SWANSON'S RABBIT

In a recent edition, *The Calgary Herald* published an interesting interview with Mrs. H. C. Ironside (Nursing Sister Alice Swanson) president of the Overseas Nursing Sisters Association and the following excerpts are taken from these adventures, grave and gay:

Many times nurses were called from their beds at night to assist with the wounded as they came back from the front in hospital trains which carried as many as 300 patients. Wounded men were divided into two classes, stretcher cases and "walkers", and the nurses alternated in attending the two groups. The "walkers" were those who could get about without aid and were lined up to walk past a table where nurses attended to the wounds of each in turn. Some days the wounded were mainly poison gas casualties, and soldiers whose vision had only been slightly impaired, led long queues of others totally, although temporarily, blind. The blind had to undergo a painful series of regular treatments in order to regain their sight and even the nurses attending them found their own eyes red and smarting.

There were tragic days during each "big push" when the stream of wounded crawling back from the front seemed endless, but British humour was bound to pop up every now and then. One wounded soldier came into the hospital with a tiny Belgian hare cuddled in his arms. He handed the bunch of fluff to Sister Swanson and asked her to care for it and soon the animal was the pet of all the hospital and learned to follow his mistress as she moved back and forth at her work.

But then Sister Swanson's leave (ten days every six months) came due and she left for a trip to Southern France. On her return, the rabbit was gone. An orderly in whose charge it had been left said that it had "died." But down the line the irrepressible Dumbells were giving a show for wounded soldiers, and in the middle of an act, a Dumbell blurted out the awful truth: "Mm—what a fine dinner we had — Sister Swanson's rabbit."

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to, and resignations from, the Victorian Order of Nurses for Canada:

Miss Lorraine Miller, graduate of the School of Nursing of the Winnipeg General Hospital and of the course in public health nursing, given at the School of Nursing of the University of Toronto, 1939-40, has been appointed to the Winnipeg staff.

Miss Ethel Gordon has been transferred from the Toronto staff to the position of nurse-in-charge of the Branch at Woodstock, Ont.

Miss Nettie Garfield has been transferred from the Winnipeg Branch to the Calgary Branch.

Miss Hattie Empey has been transferred from the North Vancouver Branch to the Montreal staff.

Miss Ruth Sheldon has resigned from the Calgary Branch to be married.

ONTARIO PUBLIC HEALTH NURSING SERVICE

Miss Helen Watkinson has resigned from the staff of the Fort William School Health Service and has been succeeded by *Miss Queenie Donaldson,* Ottawa Civic Hospital School of Nursing, and University of Toronto Public Health Nursing course.

Miss Gladys Young resigned recently from the staff of the Port Arthur Board of Health. Her work included the child hygiene and venereal disease nursing programmes. *Miss Audrey Turner,* School of Nursing, Ontario Hospital, Brockville, and University of Toronto Public Health Nursing course, 1939, has succeeded Miss Young.

NEWS NOTES

ALBERTA

EDMONTON:

Edmonton Association of Graduate Nurses:

At a recent meeting of the Edmonton Association of Graduate Nurses held at the General Hospital, Miss McLeod, the president, was in the chair and it was gratifying to note a large attendance. Following the business meeting, a most interesting and inspiring talk was enjoyed, given by Miss Laura Holland, inspector of Welfare Institutes for British Columbia.

University of Alberta Hospital:

The November meeting of the University of Alberta Hospital Alumnae Association took the form of a dinner meeting. A committee was chosen to take charge of packing Christmas hampers for two needy families.

Royal Alexandra Hospital:

The Royal Alexandra Hospital Alumnae Association recently sponsored a dance which was a great success both socially and financially. The November regular meeting was in the form of a masquerade party, about 75 members being present. Prizes were awarded for the different costumes to the following members: Miss Margaret Fraser, lady superintendent of the Royal Alexandra Hospital, Miss Frances Sheldon, Miss Mae Griffiths, Mrs. Shandro, and Miss Violet Chapman.

LETHBRIDGE:

A meeting of the Lethbridge Graduate Nurses Association was held recently at St. Michaels Hospital, with a very good attendance. The president, Mrs. B. Niven, expressed regret that the special speaker, Dr. Brown, was unable to be present on account of illness. It was decided that instead of the regular meeting in December, that a social evening be held at the "Y". Following the meeting, lunch was served by the staff of St. Michaels Hospital.

A radio has been installed in the office of St. Michaels Hospital from which the programmes may be heard by the patients in the private and semi-private wards, by means of ear phones. Work has not yet been completed whereby the public ward patients may have the same privilege, but this will be accomplished in the near future.

Miss D. Topley (Royal Alexandra Hospital, Edmonton), has been appointed to the staff of the Galt Hospital, Lethbridge. Sister Lucille (St. Martha's Hospital, Antigonish, N. S.) has recently been employed as supervisor of the Women's Surgical Floor, St. Michaels Hospital. Miss Marion Murray (General Hospital, Edmonton), Miss Mary Gates (Misericordia Hospital, Winnipeg), and Miss Ann Boyka (Holy Family Hospital, Prince Albert, Sask.) have accepted positions on the staff of St. Michaels Hospital.

Married: Recently, Miss Pauline Huck (Vegreville Sisters Hospital, Vegreville, Alta.) to Mr. Clarence Wilkins.

Married: Recently, Miss Ethel C. Irvine (Galt Hospital, Lethbridge) to Mr. Thomas Reid.

MEDICINE HAT:

Medicine Hat General Hospital:

A recent meeting of the Registered Nurses held at the Medicine Hat General Hospital resulted in the formation of the Medicine Hat District of the Alberta Association of Registered Nurses. The following officers were elected: Chairman, Miss A. Pederson; vice-chairman, Miss M. E. Hagerman; secretary-treasurer, Miss V. Clegg.

Miss Mary Hutchcroft (M.H.G.H.), having completed a post-graduate course at the Kahler Hospital, Rochester, Minn. has resumed her position as operating room supervisor.

Miss Violet Clegg (M.H.G.H.) has been appointed as assistant instructress. Miss Isobel Murray (Royal Alexandra Hospital, Edmonton) has also accepted a position on the staff.

Married: Recently, Miss Kay Bell (University of Alberta Hospital, Edmonton) to Mr. Perry Minor.

BRITISH COLUMBIA

KAMLOOPS:

The members of the executive and other committees of the Kamloops Graduate Nurses Association for the coming year are: President, Miss S. Babin; vice-president. Mrs. H. S. Stalker; secretary, Miss M. Ker; treasurer, Miss G. Young; committee conveners: programme and social, Miss K.

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Bingham, Mrs. M. Fraser, Miss J. McLelland, Miss B. McPherson; ways and means, Mrs. E. Selkirk, Miss E. Walker, Mrs. S. Dalgleish; membership, Mrs. R. Coswell, Miss K. Doumont, Mrs. L. W. Pigeau, Miss I. Brooke; representatives to *The Canadian Nurse*, Miss M. Williams, Miss J. Norquay.

NELSON:

The annual report given by Miss Sybil Gustafson, as president of the Nelson Graduate Nurses Association, shows a year of activity. A library has been established with the purchasing of a large selection of books and subscriptions to current nursing journals. The annual pledge for the Nightingale Memorial Fund was renewed and the Association also subscribed to the Canadian Society for the Control of Cancer and to the Anti-tuberculosis Society. An "Iron Lung" committee supported by a cash donation by the Nelson Registered Nurses Association, has purchased one adult respirator and one infant respirator. These respirators are to be placed in the Kootenay Lake General Hospital. On several occasions the Association has had guest speakers, representing the travelling educational unit sponsored by the provincial organization. An honourary life membership was recently given to Mrs. Crowthers, one of the pioneer nurses.

Married: Recently, Miss Evelyn Higginbotham (Kootenay Lake General Hospital) to Mr. Frank Becker.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held a meeting in the Nurses Residence at the Brandon Hospital for Mental Diseases. Thirty-six members were present. Mrs. D. L. Johnson presided and an appeal was made by welfare and library representatives for clothing and books. Miss M. Gemmill asked for the assistance of the Association in training a class of girls in home nursing, which is in charge of Mrs. Long.

The meeting was in charge of the Mental Hospital group and Dr. T. A. Pincock gave a very interesting address on military psychiatry dealing with the many conflicts a soldier must overcome during service at the front. Mrs. R. Darrach thanked the speaker. A social hour was held at the close of the meeting.

NEW BRUNSWICK

FREDERICTON:

The Fredericton Chapter of the New Brunswick Association of Registered Nurses held their fall meeting at the nurses' residence, with a good attendance of members present. Miss Emma Trafton, the president, presided and several matters of interest were discussed, among which was Red Cross work. It was decided to offer the services of the Association to the Red Cross and a committee was formed for this purpose. Miss Trafton reported that the local Y.W.C.A. wished to organize first-aid classes and two of our graduates offered their services to help teach the classes on Saturdays. Miss Barker gave a very interesting talk on her postgraduate work at the Toronto Psychiatric Hospital. The nominating committee brought in the new slate of officers for the coming year.

Miss Marion J. Brewer recently returned from Montreal where she took a postgraduate course in maternity work at the Royal Victoria Hospital. Miss Helen B. Barker has returned from Toronto where she was taking postgraduate work in psychiatry.

SAINT JOHN:

The Saint John Chapter of the New Brunswick Association of Registered Nurses held their regular monthly meeting recently at the Saint John General Hospital with the president, Miss Margaret Murdoch, in the chair. After the business meeting the association heard a report of the provincial annual meeting, held in Fredericton in October, made by the delegates, Miss Lila Gregory and Miss Helen Cahill. The private duty section held a quiz on different subjects of interest. This quiz between Miss Frances Munro and Miss Sally Turnbull was followed by a moving picture of obstetrics shown by Dr. A. E. Macaulay.

Miss Gladys Crowley, a graduate of the Saint John General Hospital and now on the staff of the Saint John Tuberculosis Hospital who has been in England for the last eight months taking special work at Papworth Village, has returned home after a trying experience on the "Athenia" and is now back at her work.

Miss Florence Fraser, a graduate of the Saint John General Hospital and now on the staff of the Saint John Tuberculosis Hospital, has completed a six months course at the Children's Memorial Hospital, Montreal.

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NOVA SCOTIA

NEW GLASGOW:

Mrs. LaVerne Dewar McEachron has accepted the position of instructor of nurses at Aberdeen Hospital, New Glasgow, N. S. Mrs. McEachron is a graduate of the School of Nursing of the Massachusetts General Hospital, Boston, Mass., later taking post-graduate work at Simmons College.

SYDNEY:

The Cape Breton Registered Nurses Association recently held a meeting at the Harbour View Hospital, Sydney Mines, with the president, Miss Rhoda McDonald, in the chair. Three new members were welcomed to the Association. Reports of the executive meeting of the Provincial Association, recently held in Halifax, were presented by the delegates. A very interesting paper on diabetes was delivered by Dr. Michael McDonald, a member of the medical staff of the Harbour View Hospital. Delicious refreshments were served.

ONTARIO

DISTRICT 1

LONDON:

Victoria Hospital:

The following new officers and executive committee have been elected to serve during the coming year: Honourary president, Miss H. M. Stuart; honourary vice-president, Mrs. A. E. Silverwood; president, Miss I. Sadleir; first vice-president, Miss M. S. Smith; second vice-president, Miss F. Kauth; recording secretary, Mrs. M. Hatcher; corresponding secretary, Mrs. T. Gerrard; treasurer, Mrs. N. H. Crawford; publications, Miss F. Quigley, Miss R. West.

SARNIA:

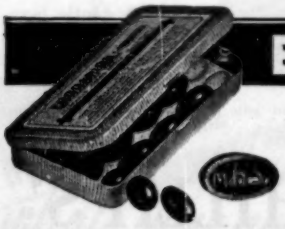
Sarnia General Hospital:

The following officers have recently been elected to serve during the coming year: Honourary president, Miss D. Shaw; president, Miss I. MacLean; vice-president, Miss A. McMillen; secretary, Miss J. Anderson; treasurer, Miss J. Cairns; committee conveners: alumnae room, Miss D. Shaw; programme, Mrs. D. Jones; social, Miss L. Barwise; *The Canadian Nurse*, Mrs. S. Elrick; flowers, Miss M. Thompson; press, Miss G. McCready; study club, Miss J. Cairns.

DISTRICTS 2 AND 3

KITCHENER:

The following are the officers of Districts 2 and 3, R.N.A.O., for the coming year: Chairman, Miss Winnifred Ashplant, Kitchener; first vice-chairman, Miss D. Arnold, Brantford; second vice-chairman, Miss V. Winterholt, Kitchener; secretary-treasurer, Miss H. Muir, Brantford; councillors: Miss Westbrook, Brantford; Miss Greenaway, Walkerton; Miss Sehl, Owen Sound; Miss Trusdale, Simcoe; Mrs. Cowie, Kitchener; Mrs. Hamilton, Guelph;



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conveners: nursing education, Miss S. Hallman, Guelph; public health, Miss Hackett, Ayr; private duty, Miss F. McKenzie, Kitchener.

District 4

Hamilton:

St. Joseph's Hospital:

Married: Recently, Miss Mary Stickles (S.J.H.) to Mr. Stanley Szymanski.

Married: Recently, Miss Mary Sinnott (S.J.H.) to Mr. Douglas Brown.

St. Catharines:

Mrs. F. S. Greenwood was the speaker on parliamentary procedure at the November meeting of the Mack Training School Alumnae Association. Much valued technical information was enhanced by the story of the growth of self-government as a manifestation of our heritage of freedom. The speaker, in stressing the need for each Canadian woman to give her utmost in service and leadership in order to meet war needs without neglecting the demands of ordinary living, made her hearers realize that the familiar plea of being "too busy" is now definitely out moded and in its place is the joy of trying to accomplish as much as possible.

District 5

Toronto:

Toronto Hospital for Incurables:

The home of the Grant MacDonald Training School was an ideal place for the nurses of District 5 to meet for a study of the care of the chronically ill patient. On December 1, about 300 nurses toured the hospital and, with this background in mind, listened to addresses by the superintendent, Miss Pearl Morrison, on administration, and by Miss Ivy Ostrik, on nursing care. Miss Alexander described the work of the librarian, and Dr. Martyn spoke of the patient's viewpoint. An address by Dr. Arnold Clarkson on the medical care of the chronically ill patient brought the interesting programme to a close.

L E A D E R S

Anatomy & Physiology—Williams, 6th Ed.
Chemistry—Roe, 5th Ed.
Dietetics—Pattee, 22nd Ed.
Materia Medica—Wright & Montag
Pediatrics—Mitchell, Upham & Wallinger
Just off the press — Ingram's "Principles of Psychiatric Nursing" 428 pages; 31 illustrat.ons. $3.25.

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HELEN CARRUTHERS, Reg. N.

This is a hospital for the incurable patient, so called, but we learned that it is a hospital of the hopeful. The kindly atmosphere fully demonstrated the points presented by Miss Ostrik. A social hour was enjoyed at supper time, when a delicious meal was served.

Two of the outstanding reports presented at the business meeting were the Membership Committee's report showing a membership of 1418, and that of *The Canadian Nurse* Regional Committee's recent organization meeting. Guests at the meeting included nurses from Kingston, London, and a large number of students from the post-graduate courses of the University of Toronto School of Nursing.

The next meeting of District 5 will be the annual meeting and will be held in Toronto.

St. John's Hospital:

The following new officers and executive committee have been elected to serve during the coming year: Honourary president, Sister Beatrice; president, Miss Evelyn Smithett; first vice-president, Mrs. P. E. Thring; second vice-president, Miss Vera Mountain; secretary, Miss Helen Frost; treasurer, Miss Mossie Draper; corresponding secretary, Miss Marion Martin; committee conveners: social, Mrs. C. Kerr; visiting, Miss Lucy Richardson; press, Miss Janet Vanderwell.

District 6

The following new officers and executive committee of District 6, R.N.A.O., have been elected to serve during the coming year: Chairman, Miss H. Collier; first vice-chairman, Miss I. Shaw; second vice-chairman, Miss McKenzie; third vice-chairman, Miss M. J. Youmans; secretary-treasurer, Miss Edna Sullivan; committee conveners: nurse education, Miss E. Young; private duty, Miss N. DiCola; public health, Miss Kearney; membership, Miss N. Brown; enrolment, Miss H. Fitzgerald; finance, Mrs. Holyman; *The Canadian Nurse*, Miss F. Fitzgerald; nominating committee, Miss B Dolan, Miss Stewart, Miss Gibb.

Chapter A:

The social meeting of Chapter A, District 6, R.N.A.O., was held recently at the Ritchie Memorial residence. As the meeting was to be a social one, no business was conducted. Our guests, including married nurses

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and nurses who are not members of the R.N.A.O., were received by Miss R. Thompson, director of nursing, Miss L. Bertram, chairman of Chapter A, and Miss H. Collier, chairman of Dstrict 6. The evening was spent in getting acquainted and playing games after which refreshments were served by Miss M. McIntosh and members. Miss M. Cullen and Miss H. S. Byers presided at the tea table.

Miss L. Bertram then introduced Miss Collier as chairman of the District. Miss Collier explained the District and Chapter meetings, inviting the nurses to attend meetings and belong to the R.N.A.O. and assured the nurses not actively engaged in nursing that they would be welcome to attend and be associate members. Our next meeting is to be a joint meeting of the Alumnae Association and the Chapter.

Chapter B:

A meeting of Chapter B, District 6, R.N.A.O., was held at the Ontario Hospital, Cobourg, with Miss Shaw presiding. There were 18 members and 8 non-members present. Miss Shaw gave a report on the annual District meeting, held in Belleville. The nominating committee was asked to select new officers for the coming year. Mrs. Parr of Port Hope, gave an interesting address on her experiences as Nursing Sister in Egypt, during the Great War, and Miss Porter moved a vote of thanks to the speaker. A social hour followed.

Chapter C:

Chapter C, District 6, R.N.A.O., recently held its monthly meeting in the Ross Memorial Hospital, Lindsay, with a good attendance. The president, Mrs. Rundle, was in the chair and called on Miss Flett to introduce Mr. Briese, the speaker of the evening, who gave an interesting address on the European situation, past and present. A hearty vote of thanks was moved by Miss Northey and seconded by Miss Lynch. A short business meeting was held. The secretary's report was read by Miss M. Mackenzie. Miss Flett read the report of the nominating committee of the officers for the coming year.

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At the social hour which followed, Miss Reid and the staff of the Ross Memorial Hospital served refreshments.

District 7

Kingston:

Kingston General Hospital:

Keen interest has been displayed in the organizing of chapters in District 7, R.N.A.O., which has now been divided into three Chapters—one at Brockville, one at Smith Falls-Perth, and one at Kingston. An active programme has been planned for the coming months, when war work will be done. Already each member has contributed to the bale sent to evacuated children in England.

Married: On November 4, 1939, Miss Mary Marjory Delong (K.G.H., 1932) to Mr. Norman C. Gomm.

Married: On November 11, 1939, Miss Mary Isabella Simpson (K.G.H., 1934) to Mr. D. G. Cunningham.

Married: On November 22, 1939, Miss Margaret Robinson (K.G.H., 1936) to Dr. G. W. Blenkinsop.

District 8

Ottawa:

Ottawa Civic Hospital:

At a recent meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing, Mr. Petrie, of the Provincial Life Assurance Company, gave a very interesting talk, illustrated by lantern slides, on the Royal Tour through Canada. Some beautiful scenes in the Gatineau valley were also shown. During the social hour which followed, Miss Blanche Anderson spoke on some aspects of military nursing. Each member present donated an article for the Grenfell Mission.

District 10

Port Arthur:

The annual meeting of District 10, R.N.A.O., was held recently at St. Joseph's Hospital, Port Arthur, with thirty-five members present. The following officers and executive committees were elected to serve for the coming year: Chairman, Miss Dorothy Adams; vice-chairman, Miss Eva Laine; secretary-treasurer, Miss Edith Crosson; section conveners: private duty, Miss Muriel Boisseau; public health, Mrs. Arthur Ward; nursing education, Miss Dorothy Riddell; membership, Miss Isabelle Morrison; programme, Miss Peggy Gillespie; representative to *The Canadian Nurse*, Miss Vera

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SUN LIFE OF CANADA

Belluz; councillors, Miss M. Buss, Miss D. Paul, Miss D. Bianconi. At the close of the business meeting an interesting and enjoyable musical programme was provided by the student nurses of St. Joseph's Hospital. A social hour was enjoyed at the close of the meeting.

Miss Audrey Turner has recently been appointed public health nurse in the place of Miss Gladys Young who resigned to be married.

Miss Queenie Donaldson has been appointed school nurse in Fort William in the place of Miss Helen Watkinson who resigned to be married.

Married: Recently, Miss Gladys Young (General Hospital, Port Arthur) to Mr. Arthur Ward.

QUEBEC

Montreal General Hospital:

Miss A. B. Smith (M.G.H., 1918) who has been superintendent for the past seventeen years of the McKinney City Hospital, Texas, was made a Member of the American College of Hospital Administrators at the recent meeting held in Toronto.

Miss Jessie Schayltz and Miss Helene Hebert, both members of the M.G.H. 1939 class, have been appointed to the staff of the Arvida Hospital, P. Q.

Married: On November 11, 1939, Miss Janet Cunningham (M.G.H., 1935) to Mr. Trevor Allison.

Married: On November 18, 1939, Miss Barbara M. Haydon (M.G.H., 1936) to Mr. Roderick W. Sutherland.

Married: On December 2, 1939, Miss Margaret J. Allison (M.G.H., 1939) to Mr. Maxwell C. Bush.

Married: Recently, Miss Jane Budden (M.G.H., 1921) to Mr. George W. Crombie.

Royal Victoria Hospital:

Miss Evelyn A. Eaton (R.V.H., 1921), who has spent many years in India, is now on furlough at her home in Nova Scotia.

Married: Recently, Miss Marjorie Snell (R.V.H., 1939) to Mr. Charles Fisher.

QUEBEC:

Jeffery Hale's Hospital:

At a recent meeting two very interesting addresses were given. Miss Tremaine told of her experiences overseas in the last war and of army life. Mrs. Strang spoke on Red Cross Work, resulting in the opening of a branch in the Hospital, for the nurses.

A Soldiers' Ward has been opened and Miss J. Andrews (J.H.H., 1939) has accepted a position as supervisor.

Miss Cora Sillers (J.H.H., 1928) has accepted a position as superintendent of the Beattie Memorial Hospital, Ormstown, P. Q.

Married: Recently, Miss Reta MacLean (J.H.H., 1937) to Mr. Harry Duchene.

SASKATCHEWAN

SASKATOON:

Saskatoon City Hospital:

Married: Recently, Miss Edna Emelia Olson (S.C.H., 1934) to Mr. F. S. Eyre.

Married: Recently, Miss Margaret Fleming (S.C.H., 1934) to Mr. Kenneth Mills.

Married: Recently, Miss Elsie Miller (S.C.H., 1923) to Mr. O. J. Waterman.

Married: Recently, Miss Elizabe't'h Schmidt (S.C.H., 1930) to Mr. Walton Stevenson.

. . . OFF . . . DUTY . . .

In this first Journal . . . of an unpredictable year . . . it seems natural . . . to meditate upon . . . the nature of Time . . . a mystery which has baffled . . . the human mind . . . ever since man lifted up his eyes . . . to gaze upon the starry heavens . . . The firmament was his first timepiece . . . and even yet he measures his little day . . . by sun and moon and stars . . . Not so long ago . . . he cherished the comforting conviction . . . that these heavenly bodies . . . are fixed and changeless . . . but in recent years . . . this belief has been undermined . . . by men of science . . . who tell us . . . that primitive man . . . looked upon another heaven than ours . . . and that the Pole Star . . . which guides our mariners . . . was not then set in its place . . . For a long time . . . we have had vague notions about all this . . . but full realization only came to us . . . a few weeks ago . . . when we had a chance . . . to visit the Hayden Planetarium in New York . . . As you enter the dim auditorium . . . you find a representation of the evening sky . . . gradually darkening as the stars come out . . . one by one . . . and a clear low voice tells you . . . the names of some of them . . . how far away they are . . . how old or how young . . . Presently the darkness deepens . . . the narrator is silent . . . and the Fourth Symphony of Brahms begins . . . As the music rises to its climax . . . the northern night is suddenly about you . . . "the sky was stars all over it" . . . But we had never seen that sky . . . nor ever will . . . unless as some predict . . . man learns to move about in a Fourth Dimension . . . This was the sky the cavemen looked upon . . . hundreds of thousands of years ago . . . not friendly and familiar . . . as it was last night . . . but remote and terrifying in its cold beauty . . . Then the music died away . . . the lights flared up . . . and where the stars had been . . . an illuminated diagram . . . equipped with moving arrows . . . explained away the mystery . . . in terms which utterly bewildered us . . . Even when a diagram keeps perfectly still . . . we seldom understand it . . . and those darting arrows . . . travelled much faster than we did . . . Space and Time weighed heavily upon us . . . as we took our homeward way . . . But in the western sky . . . steadfast and serene . . . a great star was shining . . . a flaming witness . . . that a day shall be as a thousand years . . . and a thousand years as a day . . . E. J.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

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Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Marie Leblanc, St. Martha's Hospital, Antigonish.

Ontario: (1) Miss C. E. Brewster, General Hospital, Hamilton; (2) Miss E. Rogers, Ottawa Civic Hospital, Ottawa; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

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Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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ONTARIO

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